Naval Hospital Bremerton
Hospital Corps Chronicles
2006-2026

The following pages offer an overview of two decades into the world of U.S. Navy hospital corpsmen assigned to Naval Hospital Bremerton, from 2006 to 2026. The dedication, determination, and discipline of the Navy's only enlisted corps, established June 17, 1898, as portrayed here over the years, is published product ranging from the home front to far over the distant horizon.

From ensuring medical readiness for warfighters in austere settings during Operation Enduring Freedom and Operation Iraqi Freedom to assisting in providing care to active duty, retirees and dependents in a military treatment facility, the hospital corpsmen have continued to follow a high standard of selflessness and bravery in their chosen rate.

It has been a distinct privilege to recount their individual and collective effort. Corpsman Up!
with much respect and regard, Douglas H. Stutz, [retired Navy Chief Journalist] NHB/NMRTC Bremerton public affairs officer

Keeping Track of those forward deployed at Naval Hospital Bremerton

(From June 20, 2006) By Douglas H Stutz, Naval Hospital Bremerton public affairs -- What began as an artistic expression of support flowed into a creative labor of love.

With a unique combination of concern for those deployed mixed with geopolitical lore and timely updates, a simple bulletin board at Naval Hospital Bremerton has been transformed into a very visible presentation of care and compassion.

Located on the first floor of the hospital next to the dining facility, the "Healing Hands - Warrior Hearts" Deployment Board has captured the eyes and hearts of those passing.

“It’s an awesome idea,” said Hospital Corpsman Third Class Jason Carter, from Oklahoma City. “The display really helps ensure that all of us here do not forget those who have gone overseas on deployment.”

“And it definitely gives us a clearer picture,” said HM3 Jennifer Malone, of Tacoma. “There’s a lot of descriptive detail and the entire board really helps to open your eyes as you walk past.”

Just as past generations in uniform became familiar with names of far-flung locales like Iwo Jima and Inchon and those sent there, today’s service members are also becoming increasingly more informed on such diverse areas like the Horn of Africa and Afghanistan, along with those serving there.

This is just what creator, Phyllis Frank, Management Control Officer at Naval Hospital, had hoped back in February.

According to Frank, the inspiration for her idea came from overheard and direct comments, such as "Have you seen this petty officer lately,” or "Where'd he/she go and when will he/she be back," and "How many people are gone anyway?"

“I knew what I wanted it to say,” said Frank. “And I definitely wanted to make an impact on how I wanted it to look to tell of personal sacrifice and courage. The idea was to create a colorful effect that would grab attention, yet have a personal touch that included distance to multiple world locations which connected to every face of our deployed co-workers, family, and friends.”

“Little did I know how hard it would be to get all the photos and names and then to keep it updated with our consistent deployments to

Kuwait, Djibouti, Iraq, Afghanistan, USNS Mercy and other locations," said Frank.

Frank had produced bulletin board displays before, yet was confronted with the dilemma of finding and combining the right mixture of necessary material to convey her message idea.

"What I pictured came in puzzle pieces from different sources, so it's been a challenge to get it just right," said Franks "On-location shots were tricky to get sometimes too. I wanted to personalize long-distance locations as much as possible to show the conditions our folks were deployed to and that proved to be another challenge. HM1 Julie Jorgensen, Chief Romeo Labonete, HM3 Marika Steenblock, and HN Rachelle Knudson provided assistance along the way with photos and pieces of information."

Once the board was in place, the initial and ongoing reaction made it plain that the work it took to put it all together was well worth the effort.

"My hope for an attention-getter was definitely realized," said Frank. "People just totally gravitated to the faces and the instant visual effect of how far away our co-workers and friends were as they traced from the "You are Here" to the many far-away places.

Viewers are obviously impacted by the 90-100 faces up on that board, since most had no idea how many were actually deployed and away from the command. It has caused quite an emotional stir for co-workers and hospital visitors alike and reminded us all of the sacrifice of home and family for so many."

It also has impacted those who have returned. HM3 Meghan Bergeron, from Lebanon, CT, completed her first- ever deployment as part of the Expeditionary Medical Facility in Kuwait. Upon returning to NHB and viewing the Deployment Board, it brought back the camaraderie and experience of helping to make a difference. "It really is great," Bergeron said. "And to keep it going and updated gives us all a visual reminder of what we do and who we are."

Because of Frank's vision, the readiness mission of deployed Naval Hospital Bremerton staff to improve the health of those they serve overseas stands as a visual reminder for all to see. Day in and day out. Just as the mission is overseas.

Cruz, Solze and Blanco were among approximately 1,400 military and civilian medical personnel, health care providers, and accompanying support staff that offered medical and dental treatment, preventative medical service, health-care support, and medicine educational tutoring and on-the-job training.

Peleliu crew also engaged in numerous community relations projects such as facility and school repairs, construction and engineering projects. The numbers help to tell the story of their impact: Over 31,000 patients were treated for a variety of ailments; 290 surgeries were performed, and 10,000 pairs of glasses were fitted and issued.

When Peleliu pulled into an area, they not only handled medical and dental needs onboard, but also sent teams ashore. Solze was involved in several multiple-week ashore stints, such as one onto the Bicol region of the Philippines. Seven medical Civil Assistance Programs handled 10,000 patients and 142 surgeries, along with four engineering CAPs and eight community rela- tions programs totaling 1,115 man-days of effort in the Bicol area.

“The day after we left Bicol,” related Solze, “local insurgents were active. But in the time we spent there, we felt very safe working along with our counterparts from the Philippines. Host-nation support was always great. So many of the local residents were very grateful for our help. One of the biggest impacts the mission had on me personally was really how much we have to be thankful for. A lot of the people we saw didn’t have a lot.”

In addition, there were eight medical CAPs that treated 4,200 patients in the southern Philippines.

“I remember a boy about nine years old who had a cleft palate,” related Cruz. “He hadn’t told anyone. He was hoping we could fix it, so then he could go back and show all his classmates. When he awoke after the routine was finished, he gave us the ‘thumbs-up’ signal’. He was just so happy. To be able to be part of a life-changing event like that was tremendous.”

Besides Navy assets and several U.S. groups onboard during the deployment, there were also medical and health-care specialists from Australia, Canada, India, Japan, Malaysia, New Zealand, Papua New Guinea, Singapore, and South Korea.

In Papua-New Guinea, six medical CAPs were conducted for 4,700 patients, along with 76 surgeries performed. There were also nine engineering CAPs and six community relations projects totaling 800 man-days of effort. The Pacific island nations that were visited by Peleliu, itself a namesake from the island-hoping campaign during World War Two, are all historically linked to the U.S. due to their respective importance before, during, and after the war years.

In the Solomon Islands chain, forever part of U.S. military lore by the action on and around the main island and province of Guadalcanal, seven medical CAPs were performed for 2,300 patients, with 18 associated surgeries. There were also seven engineering CAPs and six community relations projects, for a total of 250 man-days of effort.

In Micronesia, there was six medical CAPs with 1,500 patients conducted, and in the Marshall Islands, there were 12 medical CAPs with 5,100 patients and 65 surgeries, and 11 engineering CAPs and six community relations projects totaling 600 man-days of effort.

“We all learned first-hand that despite the cultural, historical and linguistic differences, everyone involved in providing the care to those who needed it were basically the same,” commented Solze. “Everyone is the same all over.”

Especially if it includes thousands of miles and as many smiles.

NHB Corpsman volunteering efforts a life saver

(Originally printed 2007) By Douglas H Stutz, NHB public affairs – Helping to make the difference between life and death.

That's what hospital corpsman do and Kenneth Boyce is no exception. He did it a drop of blood at a time.

Yet giving blood was not the focal point. Nor was the patient in need on a field of battle in Iraq or Afghanistan. HM2 (SW) Kenneth Boyce recently participated in a bone marrow transfusion through the Department of Defense sponsored C.W. Bill Young DoD Marrow Donor Program, which essentially helps a patient to suc- cessfully battle a life-threatening progressive disease.

The DoD is an important cog in the growth of this life-saving national program due to volun- teers like Boyce. "I became a corpsman to help people, and we all help people by donating blood, but this program goes far be- yond," explained Boyce. "If a donor in the program can be matched up, a life is saved. As a corpsman, that's auto- matic."

In 2005, while serving on USS Lake Champlain (CG 57), the Spokane, Wash. native was one of nearly 40 other crew members to sign up for the program, named for Congressman C.W. Bill Young, who initiated and supported the development of the National Marrow Donor Program and the DoD program for unrelated donor marrow trans- plantation.

It was an automatic decision for Boyce. The initial process is a simple one. A prospective donor gives a vial of blood, a quick buccal swab, and the samples are sent off, along with necessary information and paperwork.

Boyce joined the data-base, knowing that he could one day be called upon to help combat any of 70 different po- tentially fatal diseases that can be cured by replacement of diseased marrow from a healthy donor.

The bone marrow itself is soft tissue located in the bones' hollow interior. In adults, marrow in large bones produc- es new blood cells. A malignant disease or a specific cancer can cause negative impact on a person's normal bone marrow. In treating a cancer patient with radiation and/or chemotherapy, most of that person's bone marrow will be destroyed. That leads to a vastly weakened immune system. But by performing a transfer of well-matched bone marrow from one person to another, it is possible to begin the start of the necessary blood cell production a body needs to sur- vive. The transplanting trick is to match a needed recipient with a willing donor.

Anonymously, his data lingered for well over a year. Then he was contacted by the program with a simple but leading question, "are you still interested in being a donor?" He looked to be the best overall match, and was need- ed, one drop of blood at a time.

"I said absolutely," related Boyce. "My chain of command was all for it and very supportive."

After a physical exam and then a few more blood samples, Boyce, along with his father for moral and emotional support, was flown out to the program site in Fairfax, Va. to begin a five-day long prepping stage. He received comprehensive instruction, personal attention and health/medical evaluation throughout the process.

"The entire process was very smooth," Boyce said. "I was exhausted afterwards, but in five days, I was back to my old self. The program center called a few days later to ensure all was okay, to see if there was any lingering bone pain or muscle aches. They are very thorough."

Anonymity is guaranteed between donor and the recipient, although Boyce was told some vague specifics of the person in need.

"At the one-year mark, if we both decide to contact, we can send a card without personal info if we so chose," said Boyce. "I'm all for contacting, and I can also donate again if the first time didn't work."

According to program information, a memorandum from the Assistant Secretary of Defense (Health Affairs) in 1991 provides guidance to implement, administer, and recruit DoD personnel and their dependents, DoD civil ser- vice employees, National Guard, Coast Guard and Reservists.

"The program is very effective," Boyce stated. "I encourage people to help out, get involved and volunteer. It's very easy and can literally save a life."

Deployers welcomed back from EMF Kuwait

(From Feb. 2008) By Douglas H Stutz, NHB public affairs -- It was a Heroes Welcome for returning deployers at Naval Hospital Bremerton after providing direct medical support for combat operations in Iraq.

Lt. j.g. Michelle Brown, Electronics Technician 1st Class Daniel Foust, Store Keeper 2nd Class Seek- wahee Pinneta, Hospital Corpsman 3rd Class Jorge Moncada, HM3 David Palafox, Hospitalman Leonard Thomas, HN Joshua Vest and HN Sonseare Wright were greeted by friends, family and co-workers upon their re- turn from deployment to Expeditionary Medical Facility Kuwait.

"The best part of our job is being able to say 'welcome back' to our Sailors upon returning," said Captain Randall G. Kelley, NHB Executive Officer. "This is a special time. The service and sacrifice they have done on their deploy- ment makes us all very proud."

During their approximately six months in the U.S. Force Central Command area-of-operations, the deployers pro- vided medical and health services, helped treat injured Soldiers, Sailors, Airmen and Marines from the Iraqi area of operations, and worked in direct support roles vital to the mission success.

"I handled computer needs and repairs for some of our outlying clinics, as well as at our main EMF," said Foust. "It was a good deployment and I was glad to do my part. But the best part about leaving is coming back home. I missed my wife a lot. We've been married for two years and I've been gone for half of that time."

"I could not be happier having him home," chimed in Ann-Marie Foust. "This is a very, very joyous day of us."

There is more than just a deployment pipeline between Naval Hospital Bremerton and Expeditionary Medical Facility Kuwair. There are personal and professional ties up and down the entire chain of command.

Prior to re- porting as current NHB commanding officer, Captain Catherine Wilson returned from deployment to Kuwait where she completed a successful tour as the commanding officer of EMF Kuwait. Her command included the U.S. military hospital and nine troop medical clinics located throughout the country.

Rarely a month goes by without a tasking order for some doctor, nurse, corpsman, and support staff requirement that NHB personnel are tasked to fill. Being forward deployed to EMF Kuwait brings NHB staff members into a war-footing environment where they continually execute the command's mission readiness.

"Working at EMF Kuwait was a great experience for me as a young corpsman," stated HN Thomas. "Most of my time was spent in the ward, helping with continued patient care. The hours piled up, but I still had time to make some great friendships and get around a lot of Camp Arifjan."

Camp Arifjan serves as a staging area, forwarding base and home-away-from-home for EMF Kuwait and approximately 9,000 joint force personnel of all branches of the U.S. military, as well as military personnel from coalition forces from such countries as the Great Britain and Australia.

Additionally, thousands of soldiers pass through Camp Arifjan either on their way into or returning from Iraq. The base is situated south of Kuwait City, with EMF Kuwait averaging at times up to 17,500 monthly patient encounters.

ARC recognizes NHB Corpsman at Real Heroes Breakfast

(From March 2008) By Douglas H Stutz, NHB PAO -- Hospital Corpsman 3rd Class Marshall Smith of Naval Hospital Bremerton was recognized by the American Red Cross serving King and Kitsap Counties as their 2008 Recipient of the Military Hero Award.

Smith was honored along with 12 other West Sound men and women at the Ninth Annual Red Cross Real Heroes Breakfast on March 6.

Smith's recognition was a direct result of his quick-thinking, on-time assistance in responding to early morning cries of help from an expectant mother who was suddenly delivering her baby on the first floor of the hospital.

"I just did what anyone else would have done give the same situation," explained Smith. "As a hospital corpsman, we're trained to be versatile and skilled in our profession."

Smith, from Ontario, Oregon, had just finished updating his nightly paperwork responsibilities at approximately 1:45 a.m. when he heard anguished screams coming from outside and down the hall from the Admissions office at NHB. There he found Army Sergeant Ysabel Meek who was on a short walk from the labor and delivery ward, Northwest Beginnings, to help induce labor. The walk obviously did the trick. It appeared that rendering corpsman assistance in helping a newborn come into the world was easier for Smith that being acknowledged in front of hundreds of civic and community leaders, neighbors and well-wishers.

"The mom was active duty Army, and no, what we did is not considered joint task force training," Smith quipped. "If anything, she's more a hero that I am. I was just there to assist her."

"Marshall is just a very humble person by nature," said Tia, his wife and Kitsap area native. "Our family members are all excited for him. I'm very proud because this is an honorable moment and we will send his mom plenty of pictures!"

The American Red Cross Real Heroes Breakfast celebrates extraordinary acts of courage and compassion by Kitsap and North Mason heroes, with those honored being chosen from hundreds of applications by a selection committee. Each Real Hero had a special tribute for their respective acts of heroism which included such as areas as; Good Samaritan, Animal Rescue, Call to Action, Law Enforcement, Fire Rescue, Good Neighbor, Medical, Preparedness, Water Rescue and Military.

"He did exactly what a good Navy hospital corpsman would do," said Lt. James Perry, Medical Service Corps officer and Health Care Administrator. "He utilized his training and came into action as quickly as he possibly could. HM3 Smith is a hero. He is a prime example of those who serve their country today."

It was poignant that Smith's heroic action was honored by the American Red Cross since the incident happened right outside the Red Cross branch office in NHB. There are approximately 60 volunteer ARC staff members, who routinely donate on average of 1,000 hours a month throughout the hospital.

POW/MIA Recovery Operation in Laos

(From late June 2008) by Douglas H Stutz, NHB public affairs -- The rugged mountainous terrain, isolated narrow valleys, and unforgiving jungle canopy of Laos have long remained hidden from much of the outside world.

Chief Hospital Corpsman Robert Ripps of Naval Hospital Bremerton traveled there to help search for those long lost, but never forgotten, joining Joint POW/MIA Accounting Command as part of Recovery Operation Laos. It's a daunting task and one he is steadfast to undertake.

"There is no more noble cause that to be involved in such an operation like this," said Ripps. The Austin, Texas, native and current resident of Port Orchard, Wash., will handle primary duties as team medic for an investigative team that can consist of up to 12-14 members each with a specialized skill, including a forensic anthropologist, explosive ordnance technician, life support technician, and linguist. "To actually recover remains of any lost service member is a duty and responsibility that we all recognize as an act of healing, especially to those still wondering. I am honored to be able to do my part."

According to statistics compiled by JPAC, at any given time there are more than 1,000 active case files concerning unaccounted-for American POW/MIAs. JPAC's mission is to investigate leads, recover, and identify Americans who were killed in action and never brought home. On average, approximately six MIAs are detected each month. Over 1,300 individuals having been identified.

Ripps heads first to JPAC headquarters at Oahu, Hawai'i for training before traveling to Vientiane, Laos and from there to a remote location or base camp. "We'll go over such training as mountaineering, rappelling, explosive ordnance disposal, bone identification, and even recovery site procedures on how to excavate properly," explained Ripps.

Ripps career has taken him mainly to arid climes of the Middle East and in subsurface environments on board submarines. The tropical forest destination offers up a whole host of corpsman concerns, especially if he finds himself along an isolated stretch of the Mekong River or negotiating somewhere along the Ho Chi Ming trail. "The main issue will be just facilitating care in that environment," Ripps noted. "It could be logistically difficult if we're in the middle of nowhere and need to medically evacuate someone by helicopter."

According to the Epidemiology Department of Navy Environmental and Preventive Medicine Unit 6, who did a Health Threat Assessment on Laos, Ripps will indeed be faced with the formidable responsibility of ensuring effective force health protection for his team. Laos is considered a high- risk country for disease. Food-borne and water-borne illness are endemic. Poor sanitation is considered wide-spread. Insect/arthropod-borne illness are a threat with Dengue Fever, malaria, and Japanese Encephalitis of greatest concern. Contamination of food and water supplies in Laos is prevalent and diarrheal illnesses pose a very high threat to military personnel.

Ripps will also need to handle prevailing environmental factors in the habitual hot and humid weather that could result in heat injuries such as heat exhaustion and heat stroke. He will also be there in the midst of the monsoon season. Since the roadways in Laos are basically little more than extended dirt tracks, travel could become literally bogged down in mud. "Keeping our medical supplies dry will be a priority," he noted. "The environment will definitely come into play, with maybe even a cobra or two to keep a look out for..."

There are indeed venomous snakes such as cobras and vipers which can be aggressive. There are also spiders (black and brown widow), tigers, leopards, and large leeches. Rabid animals, especially dogs and the occasional

monkey are also potential hazards. There are even indigenous plants to avoid with stinging nettles, small thorny trees, and abrasive foliage to cause unneeded skin reactions. Even ingesting berries, flowers, leaves or plant parts on some “edible-appearing” plants could cause systemic poisoning.

Despite the litany of inherent dangers, Ripps takes it all in stride, confident in his ability as a Navy independent duty corpsman. “I look at this entire operation as yet another way to broaden my hospital corpsman toolbox with more experience and knowledge, which I then can bring back and pass on,” said Ripps. “On a personal note, even before I enlisted I was aware of our POW/MIA history. As soon as the notice came out that an IDC was needed, I jumped at the change to help.”

“I’ve been to a lot of places in my 15 years, but this assignment is the most unique,” continued Ripps. “My parents and family are very proud, as I am, to be able to use my medical skill to provide service and healing. Even if we just provide closure to one family, it would be amazing.”

There are still 78,000 World War Two servicemembers still missing, with 35,000 deemed recoverable, with the others lost at sea or entombed in sunken vessels); 8,100 from the Korean War; 1,800 from the Vietnam War, 120 from the Cold War and one from the Gulf War.

JPAC is striving to leave no stone unturned to locate missing remains.
Teams have engaged in recovery operations off the Tunisian coast of North Africa, on hillsides in Papua New Guinea and Indonesia. A World War One Amer- ican soldier was even recently recovered in a construction site in Soissons, about 60 miles north of Paris, France.

In addition, U.S. and India governmental officials met several months ago to discuss undertaking recovery efforts at several confirmed crash sites of American World War II aircraft in northeastern India. It is estimated there are approximately 430 Americans still missing from the China-Burma-India Theatre, where many were lost when flying over the ‘hump,’ the slang term used for the dangerous flight path over portions of the Himalayas mountains to ferry supplies from bases in India into China for the fight against the Imperial Japan Army.

Caring for the Fallen

From Sept., 9, 2008, By Douglas H Stutz, NHB PAO -- Naval Hospital Bremerton's chief petty officer selectees showed respect for those who made the ultimate sacrifice for their country by helping to renovate the hallowed ground of Ivy Green Cemetery of Bremerton, Wash.

There are approximately 6,000 people laid to rest at the cemetery, of which several thousand are military veterans. Ivy Green is also the resting site for Navy Quartermaster John H. Nibbe, who was one of the earliest recipients of the Medal of Honor, was cited for his courage under fire while on the gun boat USS Peterel during Civil War action on the Yazoo River in 1864.

"It's an honor to be able to come here and help out," said Chief Hospital Corpsman-Select Mark Coulombe, one of the NHB volunteers undertaking the community relations project. "Just being here is symbolic and is a mark of respect to our roots."

The CPO-selectees and their chief petty officer sponsors handled ground-keeping chores and replaced railroad ties that served as steps to the Navy Plot. They chipped, sanded and painted worn-portions on the replica of the Tomb of the Unknown Soldier and completely spruced-up Nibbe's grave marker and site.

According to Don Hock, City of Bremerton Parks and Recreation Department cemetery grounds keeper and manager, the original cemetery opened in 1898 and expanded in 1902. There are veterans from every branch of the service from as far back as the Civil War and Spanish-American War, both World Wars, the Korean War and Vietnam War. "We don't have any yet from Iraq or Afghanistan, knock on wood," Hock said.

"There is a lot of history here," said Chief Gunner's Mate select Kevin Wyant, engaged in cleaning up the Navy Plot. "Being here lets us give back to our community."

The Navy Plot is the largest in the cemetery and is the final resting place for 61 crew members killed in action on USS Saratoga (CV-3) on February 21, 1945, off Iwo Jima.

"The Saratoga was brought back to the Bremerton shipyard for necessary repairs," related Hock. "There were remains on board that couldn't be identified after the ship was bombed by attacking Japanese airplanes, so the best way to honor them all was with a group memorial."

"The importance of this site in our own backyard simply can't be ignored," commented Chief Hospital Corpsman Tim Severtson. "It really just takes us a little planning and foresight to carry out a project like this and ensure that those who came before us are properly cared for. I'd like to do this on a regular basis. It's the least we can do to honor them."

NHB IA's Down Range Deployments adding to BUMED lore

(*From August 7, 2009)* By Douglas H Stutz, NHB PAO -- As was the case in generations past and a current war zone away, there are new names and new places that are becoming part of the historical lore and relevant vernacular of Navy Medicine.

Naval Hospital Bremerton's doctors, nurses, hospital corpsmen and support staff are fast becoming very mindful of the new lexicon, many on the dangerous front lines and dusty forward operating bases.

For whenever and wherever the U.S. Marine Corps deploy, so does Navy Medicine. Hospital Corpsmen island-hopped in the Pacific campaign of World War Two from the beaches of Tarawa to the top of Iwo Jima. They were there at Chosin Reservoir and the Inchon landing in the Korean War, as well the Mekong Delta and Hue City during the Vietnam War.

During Operation Iraqi Freedom, numerous staff members served as individual augmentee status alongside Marines and joint services from the vast desert of Anbar Province to the urban streets of Al Fallujah. The high desert and rugged terrain of Afghanistan introduced names like Kandahar and Helmand, Zabol and Herat as places deployed, combat endured, and where lives are saved.

"There is an historical perspective in supporting the war effort for all of our personnel who are deploying to Afghanistan," said Capt Mark Brouker, Naval Hospital Bremerton commanding officer. "This is a microcosm of what is currently happening, for where the Marines go, we also go. We're committed to fighting those who are directly responsible for the attack on 9/11. This is a worthy mission and one that calls for sacrifices of being away from home and loved ones. I couldn't more proud and wish I were going also."

According to NHB Command Master Chief Kendal S. Crane, a Sailor on deployment used to refer to extended sea time on a submarine, a surface ship or with a squadron.

"An IA 'Boots on the Ground' deployment used to be almost unheard of but is now a lot more common," Crane related. "We have a number of staff members who have been IA two or three times to Iraq. The same scenario holds true; the hardest part for all of us is not where we're going or for how long, it's leaving those we care about behind."

"Those who are IA are our top priority. It is an honor for us to assist them in any way we can, even if it's just making a connection with their families to establish a bond in case they need something, anything. Most Sailors will say that going on deployment is one of the highlights of their career," added Crane. "Being operational means making a difference. There is nothing like it."

Being operational as an IA in Iraq and/or Afghanistan is also fraught with peril. Every staff member is prepped as much as possible before they depart the command.

Nothing is left to chance or the last minute. Loose ends are tied up. NHB makes certain everyone deploying can focus on the mission concerns ahead and not the normal issues of work and home that are left behind. The focus is essential. There were 42 combat-related fatalities in Afghanistan for the month of July that far surpassed the number deaths from Iraq that month. There are currently approximately 58,000 U.S. service members in Afghanistan,

still less than half of the 130,000 in Iraq.

“We ensure that all of staff deploying as an IA have completed what we call their ‘battle folder’ check list and that they are good to go,” stated Chief Hospital Corpsman Nathan Sims, of NHB’s Operational Readiness Department and the command IA suitability screening coordinator. “Our battle folder checklist gives us the perfect tool to use for screening for medical, dental, administrative, legal and training responsibilities.”

According to Sims, the checklist has been recently standardized and mandated for Navy-wide usage by Fleet Forc- es Command that oversees all IA assignments.

“The new checklist is a little more thorough than what we had in place and has to be finalized in a month once a staff member has been tasked with deploying,” said Sims. “There are more specific requirements, such as an in-depth medical record review.”

NHB’s Operational Readiness Department has received correspondence from past deployers who commented how much they appreciated being able to get everything accomplished before they left the command for deployment.

“Our job is to get them ready to go,” Sims explained. “For example, by getting all the Navy Knowledge Online courses completed beforehand, that’s one less worry before going down range. It helps to put them at ease so they can focus on the mission.”

Additionally, U.S. Naval Forces Central Command set up Commander, Task Force Individual Augmentee back in 2008 to support the approximately 5,100 Sailors serving in an IA capacity throughout the Middle East and Central Asia area of responsibility of NAVCENT. Through constant contact availability with CTF-IA and with NHB’s Operational Readiness Department and IA suitability screening coordinator, all is being done when needed to keep a Sailor alert and careful as they become part of ongoing history.

One name and one place at a time.

Anchors in Afghanistan

(From Sept. 17, 2009) By Douglas H Stutz, NHB PAO -- Becoming a Navy chief petty officer has been a truly unique career milestone for Chief Hospital Corpsman Julie Jorgensen, as her pinning ceremony was held about as far removed from her home command of Naval Hospital Bremerton as possible.

The North St Paul, Minn. native received her anchors along with four others at Kandahar Air Field in Kandahar, Afghanistan, where she is currently deployed as an Individual Augmentee assigned to the Canadian-led Role 3 Multinational Medical Unit, a NATO trauma center.

"I didn't believe it when I was first told and had to check for myself," said the North High School graduate (Class of 1988), who has spent half of her 16 years assigned to NHB. "Now that I am a chief, I'll continue to be committed to excel- lence on the job, and by training and taking care of our Sailors."

The CPO Induction process was added to Jorgensen's already long-day responsibilities as shift supervisor for the KAF Primary Care Clinic (acute care) and as a member of the first trauma team established for urgent surgical needs.

The hospital and acute care clinic are both in tents just off the loud and non-stop flight line for quick receipt of the critically wounded and to also transport patients out of theater via medical evacuation (Medevac).
KAF is located approximately 15 miles from Kandahar, the second largest city in the country, and has gradually transformed into a vitally important NATO air base for conducting operations in the south and east of the country against the Taliban.

"A normal day for us is to expect to have any number of traumas (cases) flown in from all over Southern Afghanistan," said Jorgensen, adding that she has also experienced several incoming rocket attacks. "As a trauma team member, I help to handle and treat a lot of critically wounded combat casualties that are mostly from blast injuries and gunshot wounds."

Additionally, since selected for chief, she became the Senior Enlisted Leader due to the sudden departure of the chief that was there.

Work and CPO Induction were juggled accordingly.

"Our induction committee members were Navy SEALs, as were half of our selectees. So they made it clear from the beginning that our respective missions always came first," explained Jorgensen. "With all of us working different schedules in different areas, it was taxing at times to get together. But we still managed to communicate, prioritize the tasks we were given, and we learned to trust each other to build a great team of new chiefs."

Even though the Navy Chief Induction Process is unmatched in any other service, it wasn't completely unknown to others on the sprawling camp, which currently falls under leadership of the Canadian armed forces until the US Navy takes over in mid-October.

In the joint medical command environment, there are also Australians, British, Danish, Dutch, New Zealand and US Army medical personnel, totaling approximately 13,000 troops from 17 countries.

"Surprisingly there are even a lot of Army personnel that understand the (CPO Induction) process and there are also a lot of retired Navy working here as government contractors that have helped to explain it to the other nations,' said Jorgensen.

The mentoring process for Jorgensen was handled at KAF as well as via email and occasional phone call back to NHB.

"I had a HMCM, MAC, BMC, SWCS, SWC and three HMCs guiding me as well as the majority of the NHB Chief Petty Officer Association and a lot of retired Chiefs, via e-mail and occasional phone calls," she said, adding

that dealing with other US Navy and Army personnel trying to get access to a computer to stay connected to home and her parent command was a chore at times.

"But I'm extremely adaptable, and have had no personal difficulties."

Jorgensen's last IA duty was to Expeditionary Medical Facility Kuwait several years ago, which is light years away, in more ways than just location from where she is at now.

The southern region of Afghanistan has long been known for being an unforgiving environment, with a harsh climate of seasonal extremes and an austere setting for all those who find themselves spending any amount of time there.

But Jorgensen found a little bit of an oasis in the ancient desert outpost as far as her living accommodations.

"They are unbelievable!" she exclaimed. "I expected to be stuck in a tent with a cot packed wall-to-wall with little or no privacy. But all of the hospital staff are assigned to NATO billeting which are two-story, blast-proof structures with approximately 50 2-person rooms. It looks more like a college dorm room than something you would find in a combat zone. Not everyone lives like this though. There are a lot of US Forces living in 6-person rooms or in tents with bunk beds crammed into them."

Her time spent in the room is limited. Her duties have her constantly handling and treating many types of medical issues and concerns on a regular basis.

"In the acute care clinic, we have the usual things we would see stateside in an emergency department such as sprains, chest pain, kidney stones, upper respiratory infections and the occasional hemorrhagic fever," related Jorgensen.

But being in the birthplace of the Taliban also brings those wounded by the war.

"One experience that stands out is working in the trauma bay when we had all eight trauma bays filled with casualties.," said Jorgensen.

Jorgensen is one of eight new chiefs from NHB out of 61 from Navy Medicine West. At Kandahar Air Field, she looks forward to continuing the Navy chief tradition and motto of, 'ask the chief.'

"I had already seen a difference even before putting on my anchors in the way my enlisted and officers interacted with me after immediately stepping into the role of senior enlisted leader," said Jorgensen. "It is true when they tell you that everyone automatically expects you to know everything. Others will come with questions and concerns that you didn't know about before. You're looked at in this whole new light and entrusted to ensure the wellbeing of your personnel. And that's what I plan to do."

Surgical Technologists recognized all week for patient care work

(From Sept. 22, 2009) By Douglas H Stutz, NHB public affairs -- Naval Hospital Bremerton is recognizing the 29 surgical technologists on staff by celebrating National Surgical Technologist Week, September 20-26, 2009.

"We could not run our Operating Room without our surgical techs. They are our heart and truly run the show," said Lt. Cmdr. Elizabeth Neptune, Operating Room perioperative nurse.

"We provide an extra pair of eyes for the doctor who is concentrating on the patient while we are watching and handling everything else," explained Hospital Corpsman 2nd Class Jessica Escobar, a Langley, British Columbia, Canada native and surgical technologist. "We've got the doctor's back, which is always to us as we take care of what we need to do."

Escobar stated that good surgical techs not only know the upcoming procedures planned, but also know the doctor's preferences, patient positions and necessary tools and instruments to be used and the order thereof.

"It's all important and we know that in our way we have helped," said Escobar, who in her four year Navy career has been at U.S. Naval Hospital Sigonella [Italy] before NHB, and specifically chose to become a surgical tech. "It's gratifying. I enjoy my work with our doctors and nurses and being involved in numerous medical procedures."

Some of NHB's surgical techs also staff clinics such as Ears Nose (and) Throat, Oral Surgery and General Surgery, or work in the Sterile Processing Division. But most handle duties and responsibilities in NHB's Operating Room.

"They ensure available surgical equipment is readied, all gear is sterilized, and also assist in surgeries," explained Lt. Cmdr Kevin Stevenson, OR perioperative nurse. "They also maintain all material and equipment in surgical areas and handle our logistics and supplies. They are relied upon to have the surgical room always ready to go and are experts in completely sanitizing the room."

According to compiled data, there are approximately 1,045 surgical techs in the Navy and nearly 59,000 in the US. Navy surgical techs serve on all types of platforms, in various duty stations and on a number of assignments. They can be found from shock trauma teams near a combat zone to fleet surgical teams helping with humanitarian assistance missions.

When deployed, they are experiencing the battle field and wounds of war as up close as anyone can get. However, their world, much like those they care for, can become completely chaotic as on the battlefield.

Yet the world of surgical techs is predicated on being orderly and sanitized. They are taught that principle during their six-month schooling, which is then honed and defined as they move into actual real-life clinics and operating rooms to practice their skills.

"In Iraq, it was saving life and limb first and foremost," recalled Neptune on serving at Al Taquaddam, Iraq, with the Second Medical Battalion in 2007. "It's traumatic being so close to so many casualties. Being around death was hard and there would be a surgical tech just out of school with all this wonderful training and a firm grasp of the
sterilizing ideal. But in Iraq, we simply didn't have all the conveniences as we do back stateside. We had to improvise and think fast on our feet. For instance, we'd even used the coffee pot to heat water to help sterilize."

"Time was always of the essence in Iraq," added Stevenson, who was with Fleet Surgical Team in Al Asad in 2006. "Even during down time when we'd try and sterilize our working areas. We had small teams and we would take turns scrubbing and cleaning. We'd start out in the trauma bay and sometimes have to hold off from getting to the Operating Room because we had to stay there for incoming casualties."

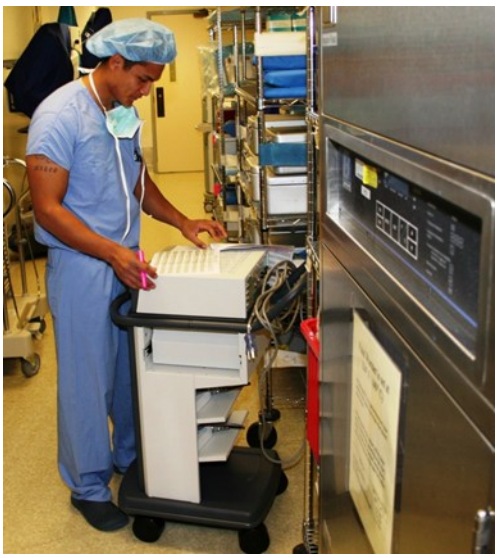
The OR at NHB will become a focal point for Surgical Technologist Week.

"We hope our open house in the Main Operating Room will show everyone else, not just other hospital corpsmen, but all our staff here, just who our surgical techs are and what makes them so special," commented Stevenson. "They have encyclopedia knowledge of procedures from hip fractures to appendicitis to sunken chest wounds. They know about the esoteric parts of the body. It is very rewarding to work with them. They bring a lot of enthusiasm, knowledge and skill. They also demonstrate an incredible amount of self-discipline in handling their job." That strict self-control is a necessity whether in the field supporting mission readiness or providing for eligible beneficiaries at home.

“It's just not easy. Even something minor like if my nose itches, I can't scratch it for risk of contaminating the sterlized environment," said Escobar. "Others really don't realize what we do. Plus, we're on our feet all day."

"It's true," attests Stevenson. "Those scrubs our techs wear are not just pajamas. But I bet they wish they could use them as such. They can't leave a surgery case until it's completed. They might be on a case for up to 17-20 hours."

Then they sterilize and prep for the next patient. All in a long day's work for any Navy surgical technologist.



NHB Hospital Corpsman handles challenge of Seattle Half-Marathon

(From Dec. 1, 2009) By Douglas H Stutz, NHB public affairs -- Hospital Corpsman 2nd Class Carlos Aguon of Naval Hospital Bremerton had logged multiple miles on foot before, just not in the setting that had him complete the Seattle Half Marathon on the Sunday after Thanksgiving, November 29, 2009

Aguon and his cousin, Army Ranger Sgt Derek Quinta- nilla, from Ft Lewis, ran the 13.1 miles in two hours, three minutes and five seconds.

"It was the first time I had ever run that many miles, even when I was on deployment," said Aguon, who was stationed with 2nd Battalion 3rd Marines in volatile Kunar Province, Afghanistan in 2005 and 2006 [near Pakistan's northwest frontier].

Aguon attests that running such a distance as the half or full marathon is a lot like being a hospital corpsman assigned with the Marines because it means preparing for the unknown. "For example, a casualty can happen at any time when we're on patrol," he explained. "It's my duty as a corpsman to not only render the necessary medical assistance, but also to be able to get our wounded out of line of fire even if that means taking them miles away for safety. Being physically fit to handle that need is vital."

A typical patrol on foot for Aguon in the area adjacent to the Pakistan border usually averaged approximately 10 'clicks' or 6.1 miles. That distance was also accomplished carrying at least 100 pounds of gear that included a medical kit, grenades and motor rounds. Aguon slogged in 120 degree summer heat and near freezing tempera- tures in fall and winter mornings. But there was no extra equipment to carry during the half-marathon, and the
weather was a cool-but-comfortable mid-40 temperature. "I was so focused during the entire course,"' he said. "I learned by doing the run that there is no limit to what I can accomplish. There are only obstacles that I can overcome."

The half-marathon as an obstacle gave Aguon the opportunity to not only prepare physically for the extended distance, but also to mentally handle the mileage. It was finally one night in October he decided to do it, reasoning there wasn't enough time to train for the full marathon, but he had enough of a fitness base to concentrate on the half.

"I taught myself. I had no direction besides my military training of putting one foot in front of the other," said the Guam native, who has been at NHB for over three years. "I found a plan on a run magazine website and got some great advice and inspiration from HM3 Henry Hearley, another staff member and really strong distance runner."

Aguon's game plan had him doing early-morning training runs before work and a longer run on the weekend. "I had to discipline myself to get up. Time was always a factor. I didn't have enough of it at lunch and would be too tired after work."

There were the occasional bumps and bruises to deal with during his training time. "I was doing cross-training as little as a week before the run due to Iliotibial Band Syndrome (inflammation outside the knee joint)," Aguon said. "I still wasn't 100 percent and that made me have a little self-doubt. But it's all about choice and having the right attitude."

The course started near the Seattle Center and landmark Space Needle, then wound for several miles through the downtown district before angling on I-90 Express Lanes Eastbound to Lake Washington where it then meandered along the shoreline and adjoining neighborhood, past Lake Union to end in Memorial Stadium.

"I also found out as much as you think you're tired, you can still do more," Aguon noted. "At the end, I felt like I still had five more miles in me."

Aguon's next goal is to try a marathon before June of next year and then attempt an ultra marathon event. "The half marathon was a personal accomplishment and a good start," he said. "Now, I feel like a runner."

NHB keynote speaker shares at Memorial Day Tribute Service

(From June 1, 2010) By Douglas H Stutz, NHB public affairs – It was the present formally addressing the past at the Memorial Day tribute service at Forest Lawn Cemetery conducted by Fleet Reserve Association 29.

The keynote speaker from Naval Hospital Bremerton was Hospital Corpsman 2nd Class Brian Sandau, recently returned from Individual Augmentee duty to Afghanistan, who accepted the offer to address those in attendance.

"It is an honor and privilege for me to join you," Sandau addressed the assembled FRA members and other visitors. "This is a very special day – one where we honor those who have given their all – to realize and sustain the dream that is America. "Everyone's heart is full as we reflect in our own way on the giants that came before us, on the men and women who have paid the ultimate sacrifice. We're standing upon the memorial for many of those who helped the freedom of this great county – their sacrifice is responsible for every single day of freedom that we all get to enjoy."

"It's been said that those of us in uniform stand on the shoulders of those who have come before us," continued Sandau. "Here at Forest Lawn, as elsewhere, we are reminded of our shipmates who have answered the final call."

Sandau noted that there has been a recognition ceremony at Forest Lawn Cemetery associated with annual Memorial Day Services for almost 30 years, with ample help by FRA Branch 29 and LA FRA Unit 29. "For all members here today, we thank you for your gracious service and attention to detail in paying respects to those who have fallen before us," he said.

There are approximately 10,000 who are laid to rest at Forest Lawn. Over 20 percent are veterans. Additionally, according to Department of Defense and National Archives sources, there are more than 400 Bremerton-area Kitsap County men and women who have died fighting for their county.

Sandau shared how as a surgical technician at NHB's Ophthalmology Department, he recently deployed as an Individual Augmentee with Charlie Company, 1st Battalion, 5th Marine Regiment Camp Pendleton, conducting operations in the Helmand River Valley.

"I worked out of Patrol Base Jaker, in the Nawa District of Helmand Province," reminisced Sandau. "The area is approximately 40 miles south of Lashkar Gar, the capital for the Province and located on a wide stretch of the Helmand River valley. I was part of the Marine Corps rebuild up into the historic Taliban heartland last June."

Sandau explained how being a Navy corpsman proved valuable not only for the Marines he cared for on a regular basis, but also for the local population that opportunity gave him the chance to interact with. "And being on patrol meant carrying 75-plus pounds of gear in summer heat," Sandau related. "Assisting local Afghans with their medcal concerns and complaints, was another tool that enabled the Marines to establish that element of trust and start a dialogue where snippets of conversation could yield vital information on Taliban movements."

There was the constant threat of booby-traps and Improvised Explosive Devices on patrol, along with mortar rounds, rocket propelled grenades and small arms fire that "kept you on your toes," said Sandau. "Yet I can't even imagine the sacrifices and hardships that those who have gone before me had to endure in protecting our freedoms and way of life. I do proudly stand on the shoulders of those who have gone before me, such as those before me today and those that have come to pass."

Lab Rats complete 'Walk Across Washington 396 Miles' challenge

(From June 21, 2010) By Douglas H Stutz, NHB public affairs -- The Lab Rats PT Group became the first finishers in Naval Hospital Bremerton's Health Promotion 'Walk Across American 396 Miles' aerobic challenge event.

Starting May 4, Chief Hospital Corpsman Noel Gravina and his team of 10 took 25 days of collective participation mainly tallying individual and group 4- mile runs. They wrapped with their mileage on June 16, 2010.

Walk Across Washington
START
FINISH
Start Today
1. Pick up 'Walk across Washington' package.
2. Log the miles you walk or run on the log sheet.
3. Send in completed form for contest certificate and prize.
Naval Hospital Bremerton
Health Promotion
Benefits of Walking
• Burn calories
• Reduce stress
• Help you sleep
• Lower your blood pressure
• Strengthen your bones
• Condition your muscles
• Make you feel great!
And Best of All -- It's Free

"Exercising is such a part of what we do as hospital corpsmen and Sailors on duty and being involved in an event like this allowed us to get in quality physical training and build cohesion," said Gravina. "Because we had a goal, it also made us more motivated."

The cardiovascular challenge, which encourages participants to simply add up their miles as they walk, run, swim, bike, or any other aerobic activity. The Health Promotion Wellness Center also provided pedometers in the lending library, "It's estimated that 2,000 steps equals approximately one mile, as does 15 minutes of aerobic activity," said Janet Mano, NHB Health Promotion director. "HMC Gravina did a great job of leadership in getting his staff involved."

For their efforts, the Lab Rats PT Group were presented with completion ertificates, a commemoration magnet and a rousing well-done and personal congratulation from Captain Mark E. Brouker, NHB commanding officer.

Along with Gravina, other Laboratory Department staff who participated were Hospitalman Matthew Atkinson, HM2 Joshua Blocher, HM1 Tao Chen, HM2 Melissa Couture, HM3 Victoria Galarza, HM2 Amelil Malaguiok, HM3 Joshua Millner, HM3 Matthew Miller, HA Devin Tilley, and HM2 Raissa Vidal.

"It took a while [to complete the distance requirement] and aside from the obvious benefits to our collective health, is there another bonus like maybe a Physical Training warfare device?" quipped a wondering Gravina, adding that just because they had accomplished the 'Walk Across Washington 396 Miles' challenge, they will continue on. "Even separately, we will still get out and get our miles in. It's good training for us all."

From Kitsap to Kuwait - Helping Handle the Heat and Health Care

(From July 16, 2010) By Douglas H Stutz, NHB public affairs officer -- The heat index reading outside Master Chief Hospital Corpsman Tom Countryman's office at Expeditionary Medical Facility Kuwait has already soared past 100 degrees.

And it's just coming up on 7 a.m.

Talk about a long way from home in Port Orchard.

As EMF Kuwait's Command Master Chief, Countryman is currently midway through a year-long Individual Augmentee deployment from Naval Hospital Bremerton, and he makes sure his enlisted personnel are safely handling the summer swelter of the Arabian Peninsula.

The command's doctors, nurses, hospital corpsmen and support staff can little afford to lose any staff member to a heat-related ailment.

It might be hot in Kuwait, but figuratively speaking, it's still a lot hotter across the border in Iraq.

"What we do is vital. The medical services we give our troops are very important because we are providing out - standing patient care for our war fighters," stated Countryman, who admits the heat and sand can and do take a toll on those stationed at EMF Kuwait. "But regardless, we have made the working environment the best it can be for making sure that every patient we see gets the best treatment we can provide and that we are also taking care of our caregivers."

EMF Kuwait supports the Navy Central Command (CENTCOM) ground missions into Iraq, Afghanistan and also ashore into the Arabian Gulf, Indian Ocean and Gulf of Aden. There are approximately 90,000 American troops currently serving just north in Iraq. That figure is expected to draw down to near 50,000 by the end of August.

Although the ongoing war in Afghanistan and Operation Enduring Freedom have claimed the majority of headlines—according to statistics compiled by Harpers Magazine, there has been 14 minutes of coverage on the Iraq war by network television programmers in 2010— and Operation Iraqi Freedom will officially shift to Operation New Dawn on Sept 1, 2010, there is still a vital need for medical care from the men and women of EMF Kuwait.

"We deal with all sorts of ailments from orthopedic concerns to internal medicine needs to on-base accidents and injuries to Medical Evacuated casualties from Iraq," said Countryman.

Even the surrounding desert of Kuwait is not a barren wasteland. Scorpion stings and even sand flies carrying leishmaniasis have been known to inflict unsuspecting troops. The landscape of Iraq is still a war zone in many areas. There is unexploded ordnance scattered seemingly everywhere. Improvised Explosive Devices (IEDs) are a continued threat, as is gunfire exchange with insurgents.

"We continue to provide urgent and emergent expeditionary medicine and primary care, as well as combat force health sustainment," Countryman explained. "That's our main mission."

As a Level III hospital, EMF Kuwait does not have a full range of medical specialists, but does have clinical staff and vital resources for emergency room needs, surgery requirements, intensive care calls and crucial laboratory and blood bank concerns.

During Countryman's tenure, EMF Kuwait has increased their effectiveness and efficiency by combining with Kuwait Naval Base and the Navy Expeditionary Logistics and Support Group that conducts customs inspections in support of military operations in Kuwait, Iraq and Afghanistan and supports the Navy's Expeditionary Combat Readiness Center Warrior Transition Program in Kuwait.

According to Countryman, at several outlying camps, Navy Medicine assets are also being merged with Army and Air Force units.

"The joint force cooperation really gives us an incredible amount of flexibility as well as additional ability to get ready to deal with the expected and responsible drawdown of forces from Iraq," he said. "Our overall goal is to be able to handle the influx of thousands of troops with just a barely noticeable impact on our clinics. Our docs, nurses, support staff and especially hospital corpsmen are just tremendous. I couldn't be prouder of them all. The individual effort that has come together as a team makes what we do here a lot easier and of course a lot safer and smoother for those in need of our medical care."

In addition, Countryman, raised in the mountains of Montana and now a resident of South Kitsap with wife Cindy, has found himself at sea level in Kuwait City, helping to foster and increase the working relationship between the US military medical system and the Kuwait Ministry of Health system.

"The landscape from where I was born and where I live now in Port Orchard is vastly different than here, but what we are doing is essentially the same," noted Countryman. "We're Navy Medicine. By teaming up with our civilian counterparts here, we have given ourselves increased access to Kuwaiti medical facilities, and have also tested the linkup with the TRICARE Global Overseas Remote, which of course gives us much better communication access and makes us connected world-wide."

"Now that we're past the halfway point for this deployment, it hasn't meant that our work load has gotten any easier, and it doesn't mean we can just stop doing what needs to be done," continued Countryman. "One of the goals I remind our Sailors is to continue to get better than they were when they came here. That doesn't just apply to the care we provide, although we all can become better care providers, through education and training, and learning from our peers. But each of us can use their time here in Kuwait to become better citizens and to become better Sailors."

"My primary personal goal is the same as any other CMC that has ever been on deployment and that is to take care of my troops and get every one of them home safely," said Countryman. "That goes double for our patients."

Even if it means dealing with the triple-digit heat.

Color Guard helps render honors to arrival of 9/11 steel beams in Kitsap

(From August 23, 2010) By Douglas H Stutz, NHB public affairs -- Naval Hospital Bremerton's Color Guard took part in the symbolic and solemn honor of helping to fold the flag that arrived as hallowed wrapping for two steel I-beams from the World Trade Center attack on September 11, 2001, during an arrival ceremony August 22, 2010, at the Kitsap Mall in Silverdale Wash.

The iconic steel beams will be included in a Kitsap County memorial to recognize the events of 9/11.

"I almost cried it was so emotional," said Hospitalman Brianna Bartholomew. "The gloves I wore I will forever save. We all were very honored to help fold the flag."

Joining Bartholomew were Hospital Corpsman 2nd Class Jonathan Hart, Yeoman Seaman Jasmine Stewart, and Hospitalmen Dustin Hayden and Shane Murphy.

The beams, each approximately 24-feet long and weighing 5,000 pounds, will be incorporated into the archway of the pending memorial, which is anticipated to be completed by the 10th anniversary of 9/11. The flag measured 10 feet by 19, and was draped over the steel beams during the journey.

"Our NHB Color Guard gave the just honors that the memorial deserves," exclaimed Chief Gunner's Mate Brandi Painter, NHB leading chief petty officer of Substance Abuse Rehabilitation Program and SARP counselor. "They really did well, as always."

After folding the flag with members of the Central Kitsap Fire Department, NHB's Color Guard also paraded the colors for the traditional National Anthem at the start of the formal ceremony.

"To be able to honor and remember those who died on 9/11 is just the right thing to do and this memorial will help keep their memory alive," added Painter, who was joined by many members of NHB's Chiefs Mess, along with chief-petty-officer selectees.

The event grew a sizable crowd of gathered active duty and retired military members, local fire, police and sheriff personnel, various civic organizations, state, county and local dignitaries, as well as hundreds of Patriot Guard motorcycle riders at the north parking lot of the Kitsap Mall in Silverdale, Wash. All along Highway 3 in Kitsap, supporters showed their respect by lining overpasses and acknowledged the passing. The Patriot Riders provided continuous escort of the beams from the Washington/Idaho border.

According to the Kitsap 9/11 Memorial web site, the memorial will be a non-profit site and easily accessible to the public for reflection, viewing and enjoyment to recognize the events of Sept 11 in all aspects. The Kitsap 9/11 Memorial Committee assisted the Central Kitsap Fire and Rescue in organizing the transportation of the two steel beams from New York City to Silverdale. The Families of September 11 and Port Authority of New York and New Jersey awarded CK Fire and Rescue the honor of receiving them.

With help of course, from Naval Hospital Bremerton's Color Guard.

From Operation Iraqi Freedom into Operation New Dawn, Corpsmen reflect on their support

(From Oct. 8, 2010) By Douglas H Stutz, NHB public affairs -- When Operation Iraqi Freedom started before dawn on March 20, 2003, so did the tireless support provided by Navy Medicine.

HMC (FMF) Nathan Sims did two individual augmentee deployments in Iraq, initially with 1st Battalion 5th Marines in Ar Ramadi in al-Anbar province, from February to August 2005 and again in 2008 to Al Asad with Naval Mobile Construction Battalion 17.

During the seven long years of war, Navy doctors, nurses, hospital corpsmen and support staff worked continuously to render medical support to those in need.

Although OIF transitioned into Operation New Dawn on September 1, there lingers a legacy well beyond the sobering numbers from OIF - more than 4,400 deaths and 35,000 wounded of American service members – that reveal the commitment, effort and in some cases, ultimate sacrifice made during that time.

Several staff members from Naval Hospital Bremerton shared their recollections of serving incountry during that time.

"I had two tours in Iraq," remembered Chief Hospital Corpsman Nathan W. Sims, Naval Hospital Bremerton leading chief petty officer for Operational Readiness Department. "The first time I was with 1st Battalion 5th Marines in Ar Ramadi in al-Anbar province, from February to August 2005. Things were pretty bad at the time. We took mortars and rockets almost daily. We had several large Vehicle Born Improvised Explosive Devices and lots of contact with the enemy. We were busy doing all we could. We lost 15 Marines and one great corpsman, HM2 Cesar "Cid" Baez. Cid was an inspiration to everyone that he served with."
[*Note: Baez, from Pomona, Calif., died as a result of enemy small arms fire while conducting combat operations]*

As was the case in wars past, medical advances were made under battlefield conditions that have enabled Navy corpsmen like Sims to deal with the wounded as never before. Compiled statistics show that casualties today have a 90 percent and higher chance of surviving, a quantum leap even from the first Gulf War over a dozen years earlier.

One medical advance carried out during OIF was improving upon the personal protective body armor. "I saw up close body armor saving a life," Sims said. "We had one round stopped by it. The bullet almost went all the way through a protective plate on one of our Marine. It didn't enter his body, but he did end up getting a huge bruise. We'll take that any day over the alternative."

Self-applied Combat Application Tourniquets and clotting agents to stem blood loss were implemented during urban warfare and roadside bombing attacks. "The CAT tourniquets are a good fallback, especially for all Marines on patrol. The newer blood clotting products are poured directly on a wound to help stop the bleeding," said Sims, noting that there was also medical care advances made using new technology in surgery and helping to pre- vent infection.

Sims deployed again in 2008 to Al Asad with Naval Mobile Construction Battalion 17 and noticed improvement with the treatment of wounded personnel and getting them out of harm's way.

"We used to have undersized vehicles that a litter wouldn't fit into," said Sims. "When we got the Mine Resistant Ambush Protected armored vehicle, it was a vast improvement. A litter could fit inside with stable pro- tection when transporting injured personnel."

Al Asad Air Base was the second largest Iraq and situated between two flash point cities of Hit and Hadithah, approximately 110 miles West of Baghdad.

“Even with all the advanced technology that has been added, the number one asset we had in Iraq to save lives was our hospital corpsmen,” Sims stressed. “It’s the training that every corpsman goes through. It’s knowing the basic ABC (airway, breathing, circulation) foundation for saving lives out there on patrol.”

Training and experience were foundational in caring for troops, as well as in providing medical assistance to Iraqi civilians, which was vital to the success for many missions, commented HMC Emiliano Rabor, who served as part of the Al Anbar Provincial Military Transition Team 2007-2008.

“There were times we provided more medical care when on patrol than anything else. Medical care was considered a blessing where we were. We treated so many civilian cases. Showing compassion and care to the medical needs of local Iraqis allowed us to gain some mutual respect and cultural understanding,” said Rabor.

“Although there were still some problems when I went back for the second time, there really was an improvement in the climate and the lives of the Iraqi people,” recalled Sims, noting the difference between his initial and following tour. “It was a whole different world the second time around. I believe that the sacrifices made by all who have served in Iraq have meaning. We have all helped the Iraqi people by improving their quality of life and making sure that they don’t live in a constant state of fear. I wish there was somehow a way that we could show all the children we helped over there with medical care that gave them a better chance to have a future.”

According to Capt. Ken Iverson, Expeditionary Medical Facility Kuwait commanding officer, even with the OIF to OND transition, EMF K is still focused on their primary mission of providing medical support for ill and injured service members coming from southern Iraq.

“We have limited surgical capabilities but are well poised to stabilize and prepare wounded personnel for transport to higher levels of care,” said Iverson. “We have handled those we have received through the years and I suspect we will have little trouble in the future unless something catastrophic and extraordinary occurs.”
By all accounts, Iraq is still a dangerous place, and as such EMF K continues to prep and prepare for any contingency.

“Our biggest training is mass casualty drills to hone our ability to handle multiple injured,” said Iverson. “Our staff arrives here already medically trained to do their job, but working together as a team in this setting needs to be practiced (especially when the daily average temperature continues to hover in triple digits). We have drilled more in a month and a half than a typical military treatment facility back home might do in a couple of years.”

There are still almost 50,000 U.S. troops in Iraq. From Expeditionary Medical Facility Kuwait to specific locales incountry, Navy doctors, nurses, hospital corpsmen and support staff remain on call to support.

Much as they did over seven years ago.

Chief Hospital Corpsman Emiliano Rabor takes a pause from the never-ending patrol cause in Anbar Province during his IA assignment as part of the Al Anbar Provincial Military Transition Team during (courtesy photo) 2007-2008.

NHB Hospital Corpsman receives Purple Heart from Combat Operations in Afghanistan

By Douglas H Stutz, NHB PAO (from June 2009) **--** Hospital Corpsman First Class Danrung Vanichkul was recently recognized with the Purple Heart medal for wounds sustained during combat operations in support of Operation Enduring Freedom in Afghanistan.

The ceremony was held at Naval Hospital Bremerton's Naval Branch Health Clinic Bangor in front of clinic staff members.

THE UNITED STATES OF AMERICA

TO ALL WHO SHALL SEE THESE PRESENTS, GREETING:

THIS IS TO CERTIFY THAT
THE PRESIDENT OF THE UNITED STATES OF AMERICA
HAS AWARDED THE

PURPLE HEART

ESTABLISHED BY GENERAL GEORGE WASHINGTON
AT NEWBURGH, NEW YORK, AUGUST 7, 1782
TO
HOSPITAL CORPSMAN FIRST CLASS
DANRUNG M. VANICHKUL
FOR WOUNDS RECEIVED
IN ACTION

GIVEN UNDER MY HAND IN THE CITY OF WASHINGTON
26 OCTOBER 2008

BRIAN K. BALKE, PO 347-022
COL, DC
Commanding

SECRETARY OF THE ARMY

It was with about a week remaining in his year-long IA deployment to Helmand Province, southern Afghanistan, that Vanichkul's world suddenly was completely blown apart.

His squad had followed intelligence reports of a concentration of Taliban insurgents gathered at a remote village. "It was our job to head out to the area and clean them out of there," said Vanichkul. An ensuing firefight broke out that lasted more than three hours. "We were kicking their butts as we always do and they took off. We pursued them. It was during our chase that they got lucky."

A land-mine hastily placed by the retreating Taliban insurgents was stepped on by a squad member. The ensuing blast severely injured the Soldier and flung shrapnel into Vanichkul and lifted him 15-meters off the ground. "The guy was right besides me when the mine went off," explained Vanichkul. "The brunt of the explosion didn't go directly into his body but still took his leg off. I was knocked unconscious but when I came to, my first concern was automatically for my personnel."

Vanichkul's subsequent actions on the battlefield were the result of his prior training and continuous knowledge gained from having been on over 200 combat operations before that day during his time attached to US Army Regional Police Advisory Command, Afghanistan Regional Security Integration Command (ARSIC) South.

"I don't remember how long I was knocked out but it wasn't long," said the Bangkok, Thailand native. "I do remember immediately wondering if everyone else was alright.

When we are in a situation with actual wounded, that's when all the drills and training we do takes over our actions. There was no time to think or react, just to do what we do as a hospital corpsman."

"I've never had such an honor of presenting a medal of this magnitude. I'm just speechless and so proud," said Captain Mark Brouker, Naval Hospital Bremerton Commanding Officer.

"We just don't think about ourselves in such a situation," Vanichkul remarked. "I guess it's the right medal for wrong timing. But I don't really deserve it. We have others, like Lt Florence Choe, who gave so much more than I did."

Hospital Corpsman 2nd Class Jerry Wagner, patient administration operational forces liaison, provides help at Seattle Tacoma International Airport. Wagner and other NHB staff members assisted with the arrival of the voluntary authorized departure of eligible family members from Japan, March 21, 2011, arriving from Naval Air Facility Atsugi with 154 passengers and 21 pets. NHB was one of numerous Navy assets assisting the US Army North joint mission to receive, account for and render support for the returning family members (Official Navy photo by Douglas H Stutz).

Sharing the Smile of Home ... Hospital Corpsman Second Class Lynley Bastien is officially welcomed back at Naval Hospital Bremerton by Captain Mark E. Brouker, NHB Commanding Officer, from deployment to Camp Bucca, Iraq, as part of an extended group that included several other staff members from Individual Augmentee assignments in Iraq and Afghanistan and approximately 20 NHB staff personnel back from a four-month deployment on USNS Mercy, as part of Pacific Partnership 2008, a humanitarian assistance mission that visited the Philippines, Vietnam, Timor Leste, Papua New Guinea and Micronesia (Official Navy photo).

NHB Hospital Corpsman achieves Combat Meritorious Advancement in Afghanistan

By Douglas H Stutz, NHB PAO (From June 2009) -- The high desert and rugged hills of the southeastern Afghan province of Zabul have long been unforgiving to many outsiders.

HM3 Phillip Zarate, the sole US medical provider for his team on Forward Operating Base Shamulzai in SE Afghanistan, was nominated for advancement under the Combat Meritorious Advancement Program for providing life-saving assistance as part of U.S. Army-led Team Saber Embedded Transition Team in the far-flung region (courtesy photo).

Yet those who arrive and provide in such a harsh environment sometimes find themselves also on the receiving end, as Hospital Corpsman 3rd Class Phillip S. Zarate recently did.

Zarate was nominated for advancement under the Combat Meritorious Advancement Program for providing life-saving assistance as part of U.S. Army-led Team Saber Embedded Transition Team in the far-flung region. Zarate is the sole US medical provider for his team on Forward Operating Base Shamulzai, which is comprised of six other U.S. military personnel and approximately 60 Afghan National Army soldiers.

The 21-year old corpsman from Fresno, Calif, has answered a litany of medical calls and combat-related emergencies during his year-long deployment.

Perhaps his most serious call for help since arriving down range in September 2008 came in the early evening, March 6, as two young Afghan teens, ages 13 and 15, were seriously injured by exploded ordnance.

Shrapnel wounds covered their entire bodies, and they also were suffering head trauma and severe lower body lacerations and abrasions.

Additionally, one of the local nationals (referred to as LNs) had lost his right hand past the wrist with the other hand barely held in place.

Zarate quickly assessed them and immediately began rendering emergency first aid. He placed four tourniquets on one and had to ensure the other's airwave was unobstructed. Both casualties were placed on liters for further treatment.

Zarate then orchestrated and directed tactical trauma care with help from two Embedded Transition Team (ETT) soldiers and one Afghan National Army (ANA) soldier, preventing both casualties from going in hypovolemic shock (which is caused due to massive loss of blood).

His ability to control the Casualty Control Point while giving information on the situation to the ETT team leader allowed for a rapid turn around for both to be medically evacuated by aircraft. Zarate, assisted by 10 ANA soldiers, handled both liters and carried them over 500 yards to the landing zone closely monitored them along the way by continuing to reassess and reassure them en-route to the aircraft.

When both patients were handed over to the flight medic and the turn-over brief was completed, they were stable. According to Major Adrian t. Spevak, U.S. Army, Commanding Officer of ARSIC South, Zarate's competence and ability to take control of the situation saved the life of one and gave the other a chance of survival.

Zarate has also answered the Corpsman call in combat. In late November, he was at Forward Operating Base (FOB) Shamulzai near the volatile Pakistan border area. It's an area hotly contested by Taliban insurgents, as was the case when a team of them on motorcycles attacked the FOB with rocket propelled grenades (RPGs) and small arms.

Zarate was conducting a Combat Life Saver class with ANA soldiers at the time. The gun fire and explosions immediately brought him and the ETT commander into action. Zarate set up a Casualty Collection Point and minutes later was rendering aid to an ANA soldier suffering from serious eye and nose trauma. Zarate applied immediate pressure to staunch the bleeding and then dressed the wound.

Once the ANA solider was stabilized and he was sure there were no other injuries, he then joined the rest of his team in defending the FOB and fighting off the Taliban force.

There has also been training injuries in need of immediate attention. During an M16 familiarization class, Zarate provided emergency medical treatment to an Afghan National Police officer severely wounded from a bullet that had entered through his neck and exited out his left shoulder blade.

A written report on the incident states that Zarate "was able to save the young officer's life by stopping the arterial hemorrhaging with manual pressure, and dressing both the entrance and exit wounds. An intravenous infusion was started right away to replace vital fluids lost while the ANP officer was in transit and Zarate stabilized his injured patient until the MEDEVAC aircraft arrived."

According to Major Adrian Spevak, Department of the Army, assigned to Afghanistan Regional Security Integration Command (ARSIC) South, Kandahar, Afghanistan, "Zarate has been doing a remarkable job since his arrival. He has treated well over 200 patients, including ANA, local civilians, ANP, and has helped Operational Detachments Alpha (ODA is the primary fighting force of the Green Berets) medics with their patients as well. He has exceeded and excelled above his pay grade."

"He has proven himself to be an outstanding young leader and Corpsman. His attention to detail and willingness to save lives no matter the sacrifice, places him way above his peers," writes Spevak.

The medical duties vary on a daily basis and range from building small aid station to manning the medical supplies and medications. Zarate also teaches combat lifesavers courses to ANA Soldiers, holds Sick Call and deals with a lot of preventive medicine concerns such as gastro-intestinal illness, muscular skeletal injuries and dehydration.

"It's very different from a hospital setting," said Zarate. "Going from Navy to an Army standard takes some getting used to. Working with them is easy. The Army is doing great things and to be deployed with them longer than I've been with a Navy command is an experience I'll never forget."

Zarate is also a primary driver for combat mounted patrols, whose ability had been well noted by his Army leadership. "As a driver, Zarate has driven countless hours, covering well over 1,700 miles in an M1151 UAH (Enhanced Armament Carrier up-armored Humvee) through extremely rough terrain without any accidents," notes Spevak.

"After waking up, one of the first things I do is to check the 'Hummers' to make sure they are good to go before we go out on patrol to the local villages," Zarate said.

As is the case with any assignment to a combat zone, there have been lessons learned and sights and sounds that have made an impression. "You can never pack too many supplies in an aid bag," Zarate shared. "And the sound of an incoming mortar is a sound that stands out in my mind. It has been gratifying to know that I'm able to say that I've saved a life."

The middle of August will be the three year mark for Zarate in the Navy and like many others, being away from family has been the most difficult aspect of his IA deployment.

"When I was little I never thought I would be doing what I'm doing now," he said. "I miss (my) family, air conditioning, green trees, and not having to wear body armor to go 75 meters out from where I sleep."

Tolling of the Bell for the Fallen

By Douglas H Stutz, NHB PAO (from May 2009) -- The bell tolled early this Friday morning as Naval Hospital Bremerton began the long Memorial Day weekend by paying tribute to those Hospital Corpsmen and other ratings who have lost their lives in Iraq and Afghanistan while supporting overseas contingency operations.

The Fallen Heroes Ceremony drew staff members and beneficiaries alike to take time to remember those fallen;

"HN Zachary Alday, age 22"

"We originally compiled all the names of our fallen hospital corpsmen, but it was only right to also include those from other ratings that we have in our command who have gone overseas to show the proper respect for them," said Hospital Corpsman Chief Juan Guedea, leading chief of Patient Administration Department and event organizer.

"HN Christopher Anderson, age 24"

The Quarterdeck Bell tolled for 54 Sailors in all; 39 hospital corpsmen; six master-at-arms; two electronics technicians; two information system technicians; one culinary specialist; one gunner's mate; one interior communications electrician; one machinist's mate and one Medical Service Corps officer.

"IT1 Howard Babcock, age 33"

"It is an honor to be standing here to remember some of our fallen heroes that have been killed in Iraq and Afghanistan," said Captain Ken Iverson, Naval Hospital Bremerton executive officer. "Memorial Day is a day unlike any other. Since 1868, we have come together to our communities to place flowers and flags on graves of those who have given their last full measure of devotion to our country."

"HM2 Cesar Baez, age 37 "

"Let me cite a few facts, which have a way of not allowing you to ignore them," continued Iverson. "In 80 months of the Revolutionary War there were 10,623 casualties, with 4,435 deaths. In World War One there were 205,690 American casualties with 116,708 deaths. In 48 months of World War Two, there were 1,078,162 casualties, with 407,316 deaths. In 37 months of the Korean War, there were 136,935 casualties with 33,651 deaths. In 90 months of the Vietnam War, there were 211,471 casualties with 47,369 deaths. In one month of the Gulf War, there were 760 casualties with 293 deaths and in Iraq there has been 31,285 casualties and 4,299 deaths and in Afghanistan there has been 686 deaths."

"HMC Matthew Bourgeois, age 35"

"I also ask everyone to keep our deployers to Iraq and Afghanistan in your thoughts and hearts," reminded NHB Command Master Chief Kendal Sean Crane.

"HN Pablito Briones, age 22"

As HMC Rimbert Fernandez read the names of the Fallen Heroes, Hospital Corpsman 2nd Class Wayne Bailey rang two bells after each name was read. Another hero's name was read and another two bells were rung.

The tolling of the bell was repeated until all the 54 names and bells were rung.

NHB Corpsman selected for All-Navy Wrestling Team trial/training camp

By Douglas H Stutz NHB Public Affirs (From Feb. 2009) **--** Navy hospital corpsmen have a storied tradition of picking others up on the field of battle. Hospitalman Michael Muyot of Naval Hospital Bremerton is planning on doing the exact opposite.

He's going to take as many people down as he can.

Muyot is combining his 15 months of hospital corpsman knowledge with a solid background in his chosen sport to try out for the 2009 All Navy Wrestling Team.

Besides being a top-notch young corpsman, Muyot is a dedicated and determined athlete who plans to engage in more putting down than picking up during the trial/training camp which is held Feb. 1 to March 16.

"I initially thought that the only wrestling team we had in the Navy was just at the (Naval) Academy," said Muyot, who has been at NHB for approximately one year. "Then I noticed a flyer one day about try-outs being held locally. I went and joined about 45 other Sailors from the Navy Region Northwest area. I won both of my matches and ended up getting selected for All-Navy."

Muyot comes from a wrestling family. There is grappling in his blood. He has been wrestling since the age of 12, including four years as a letterman at his high school in Valencia in southern California.

"My older brother JR, competed in college and my younger brother Lloyd is also wrestling in high school," said Muyot. His father, Lito, and mother, Romina, were initially surprised to learn of his opportunity. "After I explained how the All-Navy team is based on giving any one of us the opportunity to represent our service against other service branches and even against other nation's military, they were very happy and proud."

Muyot is planning to drop to the 55 Kilo (121 pound) weight class from his current 140 pounds by limiting his caloric intake and ramping up his already strong conditioning routine. No fancy or outlandish methods. Just practical applications that won't sap his needed strength and skill. His goal is do effectively drop four to five pounds a week.

"It will be consistent and gradual. I'm not doing any extreme dieting or doing something like wearing a sweat suit in a sauna," he said. "I'm taking vitamins, eating a lot of green vegetables, drinking orange juice, and adding egg whites for protein. I'm also cutting out almost all sugar."

There could be any number of opponents also vying for the weight-class slot against Muyot. Such a notion doesn't faze him. He has a quiet confident in his ability. "There could be up a lot of people involved for the two weight-class spots on the team," he noted. "But my chances are just as good as the next. The only one who could stop me is someone who wants it more and I want it just as much, if not more that anyone else."

Muyot's training regimen consists of a high dosage of cardiovascular work. He does 'numb runs' on the treadmill, which he refers to as 10K plus endurance miles to music at a steady pace until his legs become, well, deadened. Stamina workouts, consisting of 30-minutes jump rope sessions are also part of his routine, as is swimming at least 10 laps. He uses light weights, mainly for conditioning. He also adds 10-pount ankle weights to his training, from running to jump roping. The trial/training camp will give him ample opportunity to hone his skill and get to his chosen weight class.

"If he continues to put himself into it and enhances his skill level he had as much a chance as any," commented Fred Herricht, who hosted the local tryouts on Naval Base Kitsap Bremerton. "There will be two wrestlers for each of the seven weight classes. Wrestling is seasonal. He will also be looked at if he can be continually trained for a higher level of competition."

"For the entire time there, I will focus my entire energy on wrestling," Muyot declared. "I'll be wrestling seven days a week. There are two practice sessions per day, each lasting about two hours. I plan on adding another session for myself. I'll be running, doing more conditioning, going over moves and techniques. There are bound to be those who will come in and eliminate themselves. They will be out-of-shape, not prepared, or won't apply themselves. That's not going to be me."

As a hospital corpsman, Muyot might even have an upper hand to others when it comes to mental preparation.

“As a corpsman, I do have knowledge that I didn’t have earlier, such as where certain pressure points are located.” he explained. “But wrestling is just as much mental as it is physical. It’s harder to get ready mentally than it is physically. Wrestling of course isn’t like a team sport. I’m the only one out there against the other guy. The best feeling is getting my hand raised at the end of the match as the winner. That means that all that training has paid off.”
According to the Navy Sports Office, All-Navy teams participate in Department of Defense Sports Program and compete in the Armed Forces Sports Championships against teams from the Marine Corps, Army and Air Force.

Following inter-service competition, the best Navy athletes can then get selected to compete as members of the All-Armed Forces Team and go on to the Military World Games, and national and international competitions. Besides wrestling, other sports are men’s and women’s basketball; bowling; boxing; cross country; golf; marathon; men’s and women’s soccer; rugby; men’s and women’s softball, triathlon; and men’s and women’s volleyball.

For more information about all Navy Sports, visit any base Athletic Director or www.mwr.navy.mil/mwrprgms/sports.htm.

NHB HM3 renders emergency medical aid on American Airlines flight

By Douglas H Stutz, NHB Public Affiars (from Feb. 2009) -- Hospital Corpsman 3rd Class (Fleet Marine Force) Bryce Moheit had to wait to take his wife Amanda on their honeymoon. But there was no hesitation on his part when immediate medical assistance was needed.

Approximately one hour into the four-hour American Airline Flight 2033 from Dallas/Fort Worth to Seattle on January 6, Moheit and other passengers were asked over the public address system if there were any trained medical personnel on board.

Bryce and Amanda, Bristol, Tenn., natives who have known each other since high school, were flying back to Naval Hospital Bremerton after spending their honeymoon in Orlando, Fla. Their celebratory vacation had been earlier postponed due to his deployment with the 3rd Battalion, 5th Marine Regiment to Iraq, which had had already pushed back their marriage timetable until after he returned.

“I pushed the call button and told the stewardess I was a Navy hospital corpsman and a field medical service technician,” said Moheit, who then followed the flight attendant to the back of the plane. There, Moheit found a 14-year old boy in obvious pain. Urgency was added to the situation by the fact the young man was flying unaccompanied without an adult.

“The teen was in a lot of pain,” Moheit related. “He was lying down and writhing on the deck. I proceeded to do an evaluation on him. I asked him some basic examination questions, took his vitals and got a quick history. He was in acute pain in his groin area, specifically his left testicle. He also vomited from the pain, which he managed to relay had just suddenly started.”

Moheit calmly took charge and explained what he was doing to his new patient. He professionally passed the responses he received to the plane captain, who in turn communicated to an American Airlines doctor on the ground. Aided by another passenger who was a certified first aid provider, Moheit then gloved up and did a brief physical.

“I found he had significant swelling in his scrotum,” explained Moheit, again passing the information on to the physician on the ground.

It was then suspected and later verified that the young man was suffering from testicular torsion, a very painful condition caused by the twisting of the testicle, which compromises blood flow to the testicle. Torsion is the most common cause of testicular loss in adolescent males. The condition is a surgical emergency and can result in the loss of the affected testicle if not treated promptly.

“On the pain scale of one to 10, it was a seven, which immediately went up to nine by any pressure on that impacted area,” Moheit said. “He first thought he would be okay if he could just find a position to get comfortable. But every position was agony for him. It was at that time determined that an emergency landing was necessary and the flight was diverted to Salt Lake City.”

Testicular torsion mostly happens in the 12-18-year-old age group. Besides being extremely painful, there is sudden swelling which develops as the structures twist and the testicle elevates. Nausea, vomiting and abdominal pain are also often experienced.

“When we landed at Salt Lake City, paramedics came on, we did a turnover, they did a quick assessment and agreed on what I already passed on and then immediately took the young man off for treatment,” said Moheit. “Then the entire flight crew came over to thank me for my efforts on his behalf.”

Medical experts state that the only treatment for testicular torsion is surgery.

“The medical help that Moheit provided was vital because it is extremely important to have such a condition as testicular pain evaluated as soon as possible,” commented Chief Hospital Corpsman Emiliano Rabor, NHB Main Operating Room leading chief. “Moheit’s remarkable action provided a favorable outcome.”

Thomas N. Bettes, M.D., M.P.H., Director, Medical and Occupational Health Services for American Airlines sent a formal thank you to HM3 Moheit.

“We are all grateful that you were on board and freely offered your medical expertise when it was needed most. Without a doubt, you greatly improved a difficult situation.”

“I only did what any other corpsmen would have done,” said Moheit. “We’re trained for such an emergency. I was just the right place at the right time for the young man. Even though he was in a lot of pain, he did look more relaxed when he knew I was a Navy hospital corpsman with the necessary medical experience.”

A Name Change Like No Other

By Douglas H Stutz, NHB PAO -(from Sept. 2008) **-** When Emiliano Rabor returned from an extended Individual Augmentee stint in Anbar Province, Iraq, he was a little older, a lot wiser and with a new first name.

Gone was the hospital corpsman first class that preceded his given name.

No more HM1 as an honorific title. On September 16, Rabor will now be forever addressed as chief, having been selected for the time-honored, traditional Navy rite of passage.

It’s a name change like no other.

His notification of making the grade was less than traditional, but is a footnote for the times since there are approximately 6,400 Navy personnel currently in Iraq, 2,700 of whom are individual augmentees. Rabor was with Military Transition Team 0733, working out of Combat Outpost South, Al Qaim, close to the Iraq/Syria border along a stretch of the Euphrates River.

“I was in Camp Alq Qaim when I found out the news via email,” said Rabor, who has been in the Navy for 12 years with the last three at Naval Hospital Bremerton. “I was happy but really didn’t feel much excitement because I was the lone Navy presence out there. Our Marines there really don’t know that much about Navy ranks or what it means to make Chief.”

As the sole corpsman, he was responsible for all health and medical needs for his team as well as handling duties as gunner, driver, radio operator and utility man. He was also the Navy medical trainer, coach, mentor and advisor to the 3rd Battalion, 28th Brigade, 7th Iraqi Army Division (3/28).

“Besides conducting sick call as needed for the MiTT and handling preventive medicine throughout the camp, I trained and helped improve the Iraqi Army in providing medical services,” said Rabor. “I also was involved in conducting counterinsurgency patrols throughout our area of operation (AOR).”

Rabor’s AOR of Al Qaim, a key border town area, was a hotbed of insurgency action several years earlier. Rarely a day went by without a Marine or Soldier casualty. Militants had overwhelmed and killed local authorities, and forced the Iraqi Police and Army to flee. By 2008, the U.S. Marines had struck back by effectively mixing military muscle with winning hearts and minds. Navy and Marine personnel are continuing to balance both to help increase the capability and capacity of the Iraqi Security Forces. Rabor did his part via On-the-Job interaction and training on a daily basis.

"The 3/28 had about 750 soldiers that were spread over three locations and we'd regularly conduct convoy and joint operations with them," explained Rabor, who was involved in everything dealing with medical issues. "There was always something. Some of the biggest concerns to deal with were the negligent discharges from loaded weapons by the Iraqi soldiers," said Rabor. "There were also minor illnesses from infections, strains and sprains, and the need to reinforce proper sanitation."

Rabor would conduct lengthy meetings with his Iraqi counterparts in both the morning and late afternoon going over medical training. He would dine in the Iraqi chow hall and link up with their soldiers to conduct sanitary inspections on such facilities as their kitchen, berthing and bathing areas. "I had two primary counterparts, Cpl. Ahmad Jabir and Cpl. Jabir Hatman," said Rabor. "Ahmad was the head medic and very smart and enthusiastic. He really was dedicated to making changes in his battalion. Jabir was warm and funny."

The success in Al Qaim, and the entire former-volatile province of Anbar, has been a model of triumph over adversity for the entire country. The achievements were not just limited to the battlefield but also included economic and political success. Water and power were restored as was a regional market. Garbage trucks also were organized to garbage to the dump. Rabor at times witnessed the gradual transformation going on around him house by house. "Part of our operation was to search houses for insurgents," Rabor related. "We also patrolled areas of the vast desert and anytime we went outside the wire, we had to be constantly on guard and prepared."

Despite the improved conditions, Al Qaim is still a dangerous place. 'It's still unsafe outside the camp, but at least the people now understand that we are not there to occupy, but to help," Rabor said. "It was scary at first to go on patrol, but after a while it became routine and I was just automatically vigilant. Nevertheless, I think we worried about the heat more than anything."

The extreme temperatures had to be taken into account continually by everyone. As a member of NHB's command fitness team and championship soccer team, Rabor had to schedule workout time in the early morning before the heat of the day or after the sun went down. "From sun-up to sun-down it was always 130 degrees," remembered Rabor. "We'd run, do some cross fit training and use the few free weights we had. I did play soccer with the Iraqi soldiers regularly. They knew me either as 'doc' or as a soccer player. It was a good way to interact with them."

Anbar Province might be a long way removed from a traditional Navy deployment, but not from the customary traits of any extended operation; bouts of boredom and the home-sick blues. Rabor had his share. Email use was sporadic but at least available. Phone service was iffy, and snail mail took forever. It wasn't until on he left and stopped in Al Asad, (Marine Corps Air Station) on the way to Baghdad, that he got his initial CPO Training.

"I was tagged by the CPO Mess there almost immediately," related Rabor. "They saw me in the chow hall and said, 'we've been waiting for you.' They just took me in and started the training process. The CPOs and other selectees there really helped me feel part of the team. It was pretty cool."

Still, Rabor had to play catchup until getting back home. "I am very happy and very humbled to become a Navy chief. My goal is to be ready to live up to the expectations as chief," said Rabor.

"We're all very proud of him," exclaimed Lory Jane, as she and Emil John, age 12, Emilian Jeremiah, age 6 and Elle Joharah, age 4, emailed on a continuous basis when he was in Iraq.

On September 16, Lory saw her husband, the children witnessed their dad, and NHB observed Emiliano Rabor complete the transformation to Navy Chief Petty Officer and undergo a name change like no other.

HMC Emiliano Rabor and his children, Elle Joharah age 4, Emilian Jeremiah age 6, Elfa Jurrise age 10 and Emil John age 12, are officially greeted by Rear Admiral James A. Symonds, CNRNW and presented with a Letter of Appreciation at the IA Heroes' Welcome Honor Ceremony held Nov. 1, 2008. Rabor, was recently deployed as part of Military Transition Team 0733, working out of Combat Outpost South, Al Qaim, close to the Iraq/Syria border along a stretch of the Euphrates River. The event was organized by the Fleet & Family Support Program and provided local area commands as well as friends, family, co-workers and retirees the opportunity to recognize and honor those personnel from bases in the greater Kitsap Peninsula area who have ever deployed on an Individual Augmentee status (Official Navy photo by Douglas H Stutz).

Pharmacy Tech Dispenses Good-Will (On the Run)

By Douglas H Stutz, NHB PAO -(from Oct. 2008) - He sailed. He served. He sprinted.

Hospital Corpsman 3rd Class Henry Hearley recently returned from a four-month deployment actively supporting Pacific Partnership 2008, a four-month humanitarian, civic assistance and theater security cooperation mission with host nations of the Republic of Philippines, Vietnam, Timor Leste, Papua New Guinea, and the Federated States of Micronesia.

HM3 Henry Hearley (lower right, kneeling) was part of the Medical Civic Action Program team off Navy hospital ship USNS Mercy that was welcomed on the Philippines island of Samar during Pacific Partnership 2008, a 4-month humanitarian, civic assistance and theater security cooperation mission with host nations of the Republic of Philippines, Vietnam, Timor Leste, Papua New Guinea, and the Federated States of Micronesia (Courtesy Photo).

As a Navy pharmacy technician, Hearley engaged in clinical support services on board USNS Mercy, one of the Navy's two hospital ships, and also ashore in Medical Civic Action Programs (MEDCAPs).

Hearley participated in10 MEDCAPs in the Philippines, four in Vietnam, three in Papua New Guinea and two in Micronesia.

Every MEDCAP was a carefully choreographed event involving the host nation, U.S. Embassy and an advanced party from Mercy to coordinate specific logistics such as electricity and potable water needs, and setting up in a suitable site.

"The word was always passed when and where we would be for all of our MEDCAPs," said the Weston, Wisconsin native. "When we arrived at any site, there would always be massive crowds that had been waiting for hours to be seen. We would unload all of our supplies, quickly set up and be ready to handle the patient load by 8 a.m."

According to Hearley, handling the never-ending patient load at every MEDCAP was like a triage version of an assembly line. Patients would first get their vitals taken, then fill out a host nation questionnaire, after which they would be medically screened to determine the most efficient way to deal with their medical concern.

"We had the pharmacy always set up as the last stop before any patient left. A patient would hand us out a pre-printed prescription form in which the doctor highlighted what was to be dispensed," explained Hearley. "Our role was to dispense the prescription to the patient. We were always busy. For example, in the Philippines we initially set up to see 700 patients a day, but exceeded that by far and saw almost 12,000 people."

Hearley's work on the central Philippines island of Samar gave him his first, extended interaction with not only being deployed and working overseas, but being at the forefront of Pacific Partnership 2008.

"My experience on Samar was very worthwhile and also a lot of fun," related Hearley. "We had four different MEDCAP sites on the island, and bussed to them every day and got to see the country first hand. The local mayor treated us like Hollywood stars. On the last night, the mayor locked down a city park and threw a huge celebration in our honor. We were treated to local food, dancing and singing. It was really the best time I have had in my three years in the Navy."

Hearley also branched out from MEDCAP duty and volunteered for an equally-important Engineering Civic Action Program in Timor Leste.

“I wanted to experience another important side of our mission,” he said. “For 14 days, we refurbished a local school in Dili, the capital. We painted the entire compound, laid all new cement, thoroughly cleaned and spruced up the grounds, added new doors and installed a potable water tank.”

Despite the busy workload at sea just preparing for the various pharmaceutical needs of every MEDCAP assignment, and his actual involvement once ashore, Hearley did manage to keep up with his athletic passion of running. And runners…run.

After getting acclimated and checked on board Mercy, he settled into a morning running routine. Treadmill runs quickly advanced from three miles to five to seven and more.

“I always used the same treadmill in the same gym on the main deck,” said Hearley. “It was mine. People saw me on it day after day. I even named it “Molly” after my sister. Prior to coming here, my longest run on a treadmill was 7miles. I broke that mark numerous times and hit 10 on the way home.”

Hearley also kept up a running log to monitor his training. “I know I got in at least 100 miles in the first 40 days or so and by end of August was up to 330 miles,” he said. “I got in another 100 in September. The training is part of my preparation for my next marathon, the Seattle Marathon in late November.”

Between his MEDCAP duties on Samar, Hearley did manage to get in some early morning runs as a change of pace from the Mercy treadmill setting. “I ran with a few Seabees and a couple members of the Filipino army,” he related. “We would wake up at 5 a.m. and go run through the city to a local track for a few warm-up laps then get in some hill-training. The hill was right next to our base camp and once we reached the top, the sight was amazing as it overlooked the city and ocean.”

“The training runs did help to keep my base (running capability) and weight down,” continued Hearley. “Five or more miles was a good workout. The treadmill does have its’ advantages, but it also is somewhat restrictive. Running 10 or more miles on a treadmill was too boring. But I think getting in the mileage I did will give an easy transition when I get back to running outdoors.”

The long days at sea, the medical care delivered, and the running miles logged are all well-earned reminders for Hearley of the unique deployment he was on.

“This was the most responsibility and the hardest work I have done in the Navy,” Hearley said. “Everything we did to help out those in need was amazing. Some, if not all, of the people rarely get any medical care. It was a great trip. The MEDCAPS were special. We really connected with the local people. They love Americans. The people really appreciated what we did for them.”

Formation Fighting Fit...NHB Sailors participate in a early morn group run to bolster individual and collective readiness, as well as camaraderie and unit cohesion.

NHB Corpsman awarded Bronze Star for Valor by Vice President Cheney

By Douglas H Stutz NHB public affairs officer, from March 2008 - Hospital Corpsman 1st Class Christopher R. Phillips found out first hand just how hot a typical summer can be in the arid region of Farah, Afghanistan. The average high temperature routinely tops 100 degrees and can seem even more so since Taliban insurgents had stepped up attacks in the remote southwest corner of Afghanistan.

On July 6, 2007, Phillips, on Individual Augmentee deployment from Naval Hospital Bremerton and attached to Task Force Anzio as medical support for the Provincial Reconstruction Team Farah, came under small arms fire with his team.

According to official documents, Phillips demonstrated "courage under fire and selfless disregard for his own safety by running through small arms fire, carrying a wounded casualty to safety and rendering life saving care.

Additionally, while his gunner was receiving fire, Phillips again traversed through gunfire to rescue his gunner and maneuvered his vehicle in order to gain gunfire superiority. He identified and established a casualty collection point rendering life and limb saving care and arranged for prompt medical evacuation of five additional casualties while taking fire."

Due to his efforts, he was honored and presented with the Bronze Star Medal for Valor by Vice President Richard B. Cheney at Bagram Air Base, Afghanistan.

"Almost every factor that makes a battlefield tough is found right here in Afghanistan; rugged terrain, lousy weather, great distance, and a nasty brutal enemy," Vice President Cheney said, who also presented four other awards, including a Silver Star, and re-enlisted six servicemembers.

Major General David Rodriguez, Commander, Combined Joint Task Force-82, attests that Phillip's bravery, zealous initiative and total dedication to duty reflect great credit upon him, Task Force Anzio, the Combined Joint Task Force-82, and the United States Navy.

Phillips was awarded the Bronze Star Medal with "V" Device. The "V" Device is authorized for acts or service involving direct participation in combat operations.

The area of Afghanistan that Phillips was stationed has been a crossroads for combat operations throughout history, with Genghis Khan, Alexander the Great, and others leaving a legacy of prolonged warfare.

Provincial Reconstruction Team Farah is one of 26 special Provincial Reconstruction Team military units in Afghanistan providing security against Taliban and al Qaeda, as well as helping with reconstruction efforts striving to heal the scars of battle.

Traveling to Corpsmen Twos

By Douglas H Stutz Naval Hospital Bremerton, from 2006 – Talk about a duality of purpose.

Individually, as well as collectively, HM2 Lindgren has been a model Sailor and exemplary hospital corpsman during her five years and 10 months active duty status and two years in the Navy Reserves.

HM2 Lindgren has also been a model Sailor and exemplary hospital corpsman during her five years and 10 months active duty status and two years in the Navy Reserves.

The previous statements aren't redundant, nor is one a repeat of the other. There is however, a double standard, and one that can only be applied to twins.

HM2 Jennifer Lindgren and HM2 Jayme Lindgren are wrapping up a two-week stint of active duty, supporting Naval Hospital Bremerton, from their home in Helena, Mont. Jayme has been assigned to NHB's Inpatient Ward, assisting with the care and treatment of pre-operation and post-operation patients. Jennifer has been working in the Emergency Room conducting procedural work as a nurse's assistant.

"We really enjoy working here," said Jayme. "This is our second year in a row coming here. Every day is active and busy. It's such a great learning environment."

"We're helping out doing as much as we can," explained Jennifer. "One other corpsman mentioned that they were glad we were there because we knew what we were doing."

"They are very motivated, very dedicated and exceptional in every way," said Master Chief Hospital Corpsman (SW/AW) Tom Countryman, Nursing Services Directorate leading chief petty officer.

Working and learning has been a duel road for the duo. During their active duty years, Jayme and Jennifer served at Naval Hospital Lemoore, Naval Hospital Guam, and Naval Medical Center Portsmouth. They will soon start their third year at Montana State University, with a solid emphasis on medical studies.

"The experience we get here at Naval Hospital Bremerton is invaluable," noted Jayme. "The command philosophy is that Reservists and Active Duty are all one Navy, and that's really true."

As identical twins, although Jennifer will let it be known she was born two minutes before her sister, they have gone through the mistaken identity routine in dealing not only with their peers, but patients also.

"We had people confused all the time on Guam, especially the patients" remembered Jennifer. "We would do a turn-over to one another and always get puzzled looks."

Although they both agree that Jennifer is a little more outgoing and Jayme a bit more book-savvy when it comes to schoolwork, there isn't any sibling rivalry. If anything, they compliment each other. "Being twins doesn't impact our work," Jayme said. "If anything, it makes us more comfortable, and it's like having a best friend to work with and live with."

"We were raised as individuals," said Jennifer. "And our mutual experiences have brought us closer together."

The time spent on active duty and in the Navy Reserves has been a nurturing time for both twins. They have shown progressively improvement in advancement on a professional, as well as a personal basis.

"We've both definitely grown being in the Navy," stated Jennifer. "Our mom has said that we're both more outgoing and our friends all think that with our experiences as Navy corpsmen, we have a lot better chance in succeeding in our chosen fields than if we just stayed at home and didn't make the effort to learn on our own."

It's not just their friends at home who have been impressed by their professionalism on the job.

"They're the future," Countryman noted. "They'll be running the show."

Some might call that a twin bill definitely worth catching.

Family Practice/Patient Admin personnel assist returning Family Members

(From March 22, 2011) By Douglas H Stutz, NHB public affairs -- Naval Hospital Bremerton staff members assisted with the arrival at Seattle-Tacoma international airport of the voluntary authorized departure of eligible family members from Japan on March 21.

The military-chartered flight arrived from Naval Air Facility Atsugi with 154 passengers and 21 pets. NHB was one of numerous Navy assets to help support the US Army North joint mission, with an established reception and coordination center to receive, account for and render support for the returning family members.

Patient Administration hospital corpsmen, a doctor and a nurse from the Family Practice Clinic and technical support from the leading chief petty officer of Information Management Division aided in the overall process to get the family members to their final destinations scattered throughout the U.S. The joint service support team brought in experts from personnel services, logistic and other specialties to streamline and personally manage and address the returnees' needs and required administrative accountability.

“We are here in this joint environment to provide military-medical liaison, any basic medical needs, handle triage requirements and screen anyone for any health-related issues,” said Cmdr. Pat Taylor, of NHB’s Family Practice Assistant Department Head.

The Monday flight followed the initial arrival on March 19 that brought approximately 240 military family mem-

Hospital Corpsman 2nd Class Jerry Wagner, Naval Hospital Bremerton's Patient Administration Operational Forces Liaison, provides assistance on coordinating medical-care for Minerva Aquinaga and her six-month old daughter, Cassandra at Seattle Tacoma International Airport. Wagner and other NHB staff members assisted with the arrival at SEATAC of the voluntary authorized departure of eligible family members from Japan on March 21. The military-chartered flight arrived from Naval Air Facility Atsugi with 154 passengers and 21 pets. NHB was one of numerous Navy assets to help support the US Army North joint mission, with an established reception and coordination center to receive, account for and render support for the returning family members (Official Navy photo by Douglas H Stutz).

bers to the designated destination, including 190 children and nine pets from Yokota AB.

"We had some minor medical issues on Saturday such as allergies kicking in and some gastro-intestinal distress," Taylor said. "We handled everything with the supplies we had on hand."

These two flights are the beginning of multiple chartered flights bringing in an estimated 7,000 Department of Defense personnel and family members impacted by devastating March 11 earthquake and tsunamis.

"Bringing military medicine to where it's needed is what we do," said Lt. Cmdr. Gray Dawson, NHB Family Prac- tice, noting that for the majority of passengers arriving, the common theme was simply a relief to finally be at their chosen destination of departure. "But we're here for anything, even working with them to clear up TRICARE questions or find and contact a case manager for them to where they are headed, or just seeing them or their children for any reason at all."

For Minerva Aguinaga, traveling from NAF Atsugi with her six-month old daughter Cassandra and another baby on the way, her main concern after the long flight was linking up with a provider at her final destination to assist with checkups during her pregnancy. Hospital Corpsman 2nd Class Jerry Wagner, NHB Patient Administration, seamlessly stepped in to calm her unease. "I am worried about base access and unsure about the entire area where we are going," said Aguinaga.

Wagner, adept in fleet liaison and family consult issues, took her paperwork to ensure her family information will be correctly updated in TRICARE. He then explained how he would arrange contact information and facilitate necessary paperwork for her upcoming appointments. "We'll make sure she has no problem," said Wagner. "That's what we're here for."

Losing access to medical care for family members arriving from Japan has been alleviated by TRICARE Management Activity. TRICARE Overseas Prime beneficiaries may be unable to access their usual sources of medical care and pharmacy services.

To compensate, TRICARE has established a waiver of the usual referral requirements in order to ensure access to health-care and medications, and to prevent enrollees from incurring point of service charges. The TRICARE waiver is in place from March 11, 2011 until midnight on June 30, 2011, with the option for extension based upon an analysis of the situation at that time. For more information, visit www.tricare.mil/tsunami.

"Although we haven't fielded a lot of questions, the families arriving see we're here and everyone one else standing by to help them. That takes a lot off their mind. The combined team effort going on here really is tremendous," Taylor said. "The NBK Child Development Center has set up a great area to watch the children so the parents can concentrate on getting checked in and our Fleet and Family Support team has so much compassion in reaching out to every family member and helping them."

"What an amazing experience and the folks, as tired and stressed as they were, just handled everything with absolute strength. Even the kids," said Britt Feldman, Naval Base Kitsap Fleet and Family Support Center.

Service before Self at SEATAC ...

Port Orchard Police Dept. reaches out to one of their own with NHB's help

(From Nov. 2011) By Douglas H Stutz, Naval Hospital Bremerton public affairs -- When the City of Port Orchard Police Department needed quick help to find out how to contact one of their officers wounded from an Improvised Explosive Device in Afghanistan, they knew Naval Hospital Bremerton was the place to call.

Staff Sergeant Robert McFann of the City of Port Orchard Police Department, and former Navy master-at-arms first class petty officer, sustained injuries at the end of October while supporting contingency operations in Afghanistan.

"As soon as we found out he's been injured, we immediately set out to contact and let him know that we're here for him and that he has people caring. We're family," said Bill Schaibly, Community Police Officer and retired Navy master chief, who directly contacted NHB's Master Chief Hospital Corpsman Tom Countryman for assistance and guidance on how to locate and contact McFann.

As soon as Countryman got the request, he passed it on to NHB's Patient Administration. Hospital Corpsman 1st Class Dana Jones, Hospital Corpsmen 3rd Class Angel Gilbert and Michael Hall used their knowledge to collectively provide the timely linkup to enable the department to get in touch with one of their own.

Jones used her considerable knowhow as NHB's Fleet Liaison as well as a recent medical evacuation coordinator in Afghanistan to commence the tracking requirements. Jones knew to begin via Landstuhl Regional Medical Center in Germany, the conduit for all injured coming out of Afghanistan.

"I know how the patient services there works and enough about the ins and outs of the command," explained Jones, who ended up contacting outpatient services at LRMC and then finally locating the correct barracks where McFann was. "It's what we do. It really didn't seem like a difficult task for us because we know what to do. But it can be hard for those who don't really know where to start or who to contact."

"That's why Jones and the rest are here. I just asked for their support and then stepped out the way to let them work their magic to help those in need," said Countryman.

The injured officer was flown out of Afghanistan to Germany on Nov. 2, and the call from home was established a day later. "Try to put yourself in his place. Wounded, away from his shipmates, and in a hospital setting a long ways from home. It's nice to receive a long-distance call from home. We let him know we're tracking and he's on our radar," Schaibly said.

"We sincerely appreciate all the help to help us track the movement in-theater of our officer, The staff at Naval Hospital Bremerton was extremely helpful," said City of Port Orchard Chief of Police Alan L. Townsend.

Branch Health Clinic Everett Frocking a True Family Affair

(From Dec. 2011) By Douglas H Stutz, Naval Hospital Bremerton public affairs officer -- A visiting grandmother to the Puget Sound area from the Nigerian Delta was treated to two familial joyous events.

A Frocking Family Affair... Hospital Corpsman 2nd Class Odumye Agiobenebo, assigned to Naval Branch Health Clinic Everett, is presented his frocking letter by Cmdr. Douglas Stephens, NBHC Everett Officer in Charge, and is joined by his mother, Mrs. Ada Agiobenebo (far left) from Port Harcourt City, Rivers State, Nigeria, along with mother-in-law Jan White and his wife, Aviation Boatswain Equipment Airman Joyce Marie Agiobenebo (and daughter Adaba Jan Agiobenebo, not pictured) for his ceremony on December 2.

She not only got to see her daughter-in-law and new granddaughter, but was also an honored guest seeing her son frocked at Naval Branch Health Clinic Everett during the recent advancement cycle.

Hospital Corpsman 2nd Class Odumye Agiobenebo, assigned to NBHC Everett Primary Care, welcomed his mother, Mrs. Ada Agiobenebo from Port Harcourt City, Rivers State, Nigeria, along with mother-in-law Jan White and his wife, Aviation Boatswain Equipment Airman Joyce Marie Agiobenebo and daughter Adaba Jan Agiobenebo for his frocking ceremony on December 2.

“My mother came to visit me and my family and to see her first grand daughter. It just so happened that she saw me frocked. I guess it is a sense of pride that she has for me and what I have achieved so far. It was her first time to witness a little bit of our Navy tradition,” said Agiobenebo, who was born in Pittsburgh, Pa., but spent most of his formative years growing up in Nigeria. Port Harcourt, situated in the Nigerian Delta, lies approximately 7,700 miles from Naval Base Everett, and an average minimum flight time of 22 hours.

“It was quite moving as HM2 Agiobenebo's family was obviously so proud of him. We invited them all up so they could be a part of the ceremony. His Mother had a huge smile on her face. HM2 Agiobenebo is such a class act and such an outstanding Sailor, it couldn’t help but make you feel good about the Navy and its Sailors,” commented Cmdr. Douglas Stephens, NBHC Everett officer-in-charge.

Naval Hospital Bremerton overall frocked seven staff members to first class petty officer, 15 others along with Agiobenebo to second class petty officer and 22 to third class petty officer.

“Having his family here was heart-warming. It's always nice to see the support of a loving family up close and personal. You could almost feel them beaming with pride. These family-involved encounters drive home the real reason behind why we serve and strive for excellence in the service,” said HM1 Ashley Flanagan, Primary Care leading petty officer.

In 2006 Agiobenebo obtained a Bachelor of Science degree in Geography and Environmental Management from the University of Port Harcourt, Nigeria. He then decided to relocate back to the United States, and eventually joined the Navy in Los Angeles, Calif. in 2008.

Agiobenebo joined for the employment and educational benefits and eventually chose to become a hospital corpsman to help others. “I always wanted to be in a position where I can offer my skills to serve humanity,” he

explained. “HM2 Agiobenebo is a very reliable, hard working, highly intelligent, squared away Sailor and is consistently on the ready when tasked with additional duties and projects,” Flanagan noted.

“There is nothing more important in life than serving your fellow human being. I help patients with whatever problem that brought them to our door step,” Agiobenebo said.

Agiobenebo has been in the Navy for almost four years, with under half that time stationed at NBHC Everett. He hasn’t deployed (yet) as a hospital corpsman but has as a deck seaman on the USS Decatur (DDG 73). His change to the hospital corpsman rating has enabled him to realize and follow this dream of helping others in need by providing medical care and support.

His time at the branch health clinic has been marked by progress. During the last year alone he has advanced to third and then second class petty officer. There are still professional goals yet to come and still to accomplish.

“One of my major goals in the Navy is to become a Medical Service Corps officer,” he said. “I always wanted to be an administrator. I like the idea of leadership and management. Being a hospital corpsman is giving me insight of the challenges and how the health care facility is run on daily basis.”

“The most difficult aspect of my Navy career is the fact that I haven’t been able to sweep up any major awards,” continued Agiobenebo. Not for lack of trying though, for he was recently recognized for winning the David R. Ray Health Center’s essay contest with his submission entitled “Competency and Character” and received a gold medallion of General Schwarzkopf from the U.S. Mint for his efforts.

Hospital Corpsman 1st Class Melinda Canales adds some needed touchup along with a generous dose of TLC as part of the Memorial Day Mt Tahoma Cemetery volunteer project, May 27, 2011. Joining Canales were HM1 Chris Newcomer and family; HM1 Marvin Belanio, HM2 Joseph McKeel, HM2 Steven Mendoza, HM2 Jason Gonzales, LS2 Dana Lowe, HM1 Sucre Perez, HM2 Chris Miguel, HM2 David Plummer, HM2 Lena Redkina, HM3 Alec Carlson, HM1 James Latimer, HA Elizabeth George, HM3 Robert O'Brien, HM3 Kyle Steen, HM2 Chad Bard, HM3 Michael Hall, HM3 Bernard Paras, HM2 Steven Guittar, LS2 Sandi O'Neal, HM2 Martha Acuna, and HM2 Jason Borsellino.

NHB Corpsmen recognized for efforts at Kandahar

By Douglas H Stutz, NHB public affairs officer, from May 2011 -- Kandahar Air Field Role 3 Multi-National Medial Unit leadership initiated a 'Service Member of the Month' program in February and two Sailors from Naval Hospital Bremerton have already been recognized in receiving the award.

Hospitalman Andrew Brown, deployed from NHB's Labor and Delivery, was promptly named the first Junior Service Member of the Month, followed in March by Hospital Corpsman 3rd Class Levi Arcaira, from NHB's Internal Medicine department.

Brown earned his recognition for his work in Role 3's intermediate care ward, where he has been assigned since arriving in Afghanistan in December.

"I've been working with Brown on the Intermediate Care Ward since our arrival, and will say this recognition was absolutely well deserved," writes Cmdr. Elizabeth Oakes, also forward deployed to Kandahar Air Field Role 3 Multi-National Medial Unit from NHB Internal Medicine department. "He has been an invaluable asset on the ward, particularly during the major personnel transition that just took place.

According to the Brown's award submission, he demonstrated superior performance on a daily basis by continuously carrying out duties that exceeded expectations.

He also demonstrated leadership potential as ward corpsman by mentoring those equal and above his pay grade during the recent redeployment and staff transition.

Additionally, Brown consistently reached out to serve the command wherever and whenever needed, showing attributes such as a positive attitude, strong sense of duty, service to others and solid military bearing.

"At NHB I worked in Labor and Delivery and had the pleasure of seeing new life brought into the world. Now I see myself on the other end of the spectrum," said Brown. "I have worked with screaming, bloody patients at NHB and here in Afghanistan I work with screaming, bleeding patients that are a bit older and generally in worse shape."

Brown's duties extend beyond patient care in the intermediate care ward by assisting with patient transfers to and from helicopters, airplanes and entry control points via ambulance. He has also helped with children injured from IEDs (improvised explosive devices) and MVAs (motor vehicle accidents).

"I care for soldiers who are fighting for our country, Afghan s fighting for their country, and children fighting for their lives," said Brown. "I feel privileged to be part of this amazing team. I'm proud to be where I am, doing what I am doing, and I've never felt so satisfied, so fulfilled with my job as I do here."

Fighting against the Taliban persists in the Kandahar region. Casualties arrive throughout the day from surrounding battlefields. Brown continues to assist flight crews and other hospital corpsmen handling the wounded.

"I have transported many casualties from the helicopters to hospital. Every experience is different, but nothing is quite the same as seeing a child wounded," related Brown. "I have spent much of my time with the wounded children. I bring them treats and toys and color with them and play games. At first they are afraid of you, but before long they are giving you hugs and smiles. By the time they leave you feel like you have become (part of) their family. That is the most rewarding part of my job so far. It's sad to see them go, but you are so happy that they are getting better."

"In all seriousness, this is a very humbling experience," Brown said. "I was not prepared to see what I have seen here. I'm glad I have. I love it here and could see myself extending if they let me. I do miss home, Labor and Delivery and all my nurses and corpsmen I left behind. I'm getting along surprisingly well without all the frills of home. Of all I miss, I can't stop thinking about my dog."

Arcaira was noted for his performance in the Urgent Care Unit, as flight line leader for the EVOC (emergency vehicle operation course) teams that receive incoming sick and injured to transport to the trauma bay, and assisting in the ICU after 'normal working' hours.

"Having worked with HM3 Arcaira in Internal Medicine, this recognition comes as no surprise," said Oakes. "He is always meticulous in his work and an exceptional performer."

Arcaira has been in country over two months and attests that each day is completely different.

"My job can be summed up in four major parts," explained Arcaira. "First and foremost, my role at UCC is essentially sick call. Role 3 is specifically tasked to take care of serious health related issues. While we can attend to the coughs, colds, aches and pains associated with basic sick call, we are predominately here to take care of issues that put life, limb and eyesight at risk.

According to Arcaira, typical patients come in with musculoskeletal issues like moderate to severe lacerations, various fractures, minor amputations (i.e. losing a finger), eye injuries and other such injuries associated with motor vehicle accidents and work related industrial accidents. "Additionally, we see appendicitis, heat related injuries, chest pain with varying etiologies, dyspnea, kidney stones, minor head trauma, and the occasional gynecological emergency," he added.

The patient base for the Role 3 Multi-National Medial Unit is vast. It is the highest echelon of care at KAF for active duty military, NATO Forces without organic medical support, local nationals- including the local populace, the Afghan National Army and Police, and third country nationals and civilian contractors from all over the globe.

Arcaira is also a Flight Line Leader for the EVOC teams that receive the sick and injured from the flight line and transport them to the trauma bay. "This is without a doubt the most exhilarating part of my day," he said. "It starts with the pager going off and the digital display informing me of what is inbound. This is as simple as the number of patients on the way, a summary of type and severity of injuries, and an estimated time of arrival. My team has to stop what they're doing, turn over any patient care to someone else, don personal protective equipment and move quickly to the transport vehicles we have staged outside. Depending on the amount of patients coming in, my team can consist of five to 15."

Arcaira states that the transit time from aircraft to ambulance and ultimately to the receiving area outside the trauma bay is only a few minutes. During that time he and his team make a difference between literally at times between life and death.

“For some of the more critically injured, arriving at KAF Role 3 represents the culmination of the efforts of those front line medics and corpsmen who provided point of injury care, that continue with the flight crews that maintained that care en route,” Arcaira said. “It is our job to continue those chest compressions, rescue breaths, or even to simply talk to the patients on the way in.”

“I am proud to serve with the EVOC team men and women that serve as the caregivers at the tail end of the journey to arguably the best trauma center in the world,” continued Arcaira. “It’s an amazing feeling to know that if that patient has any chance at all for a favorable outcome, the trauma teams, specialists and surgical teams on staff will make it happen.”

“We are faced with the sobering reality that we are in a very dangerous region of the world, and some of us are doing very dangerous work,” Arcaira said. “Despite our best efforts, not everyone can make it. I know I am not alone when I say I will never forget the first time I was present for the ceremonial placing of an American flag over one of our fallen heroes.”

The third part of Arcaira’s duties occurs after his normal clinic hours. It is during this time that he is able to assist in the intensive care unit.

NHB’s TCCC: Training Today for Tomorrow’s Battlefield

By Douglas H Stutz, NHB public affairs officer, from Mar. 2011) -- The scream for doc pierced the morning calm, immediately followed by a yell that ‘another round was incoming!’
Hospital Corpsman 3rd Class Trenton Burton, from Lapel, Indiana, writhed in the dirt, right arm missing. It was up to Lance Cpl. Zack Korte and Lance Cpl. Craig Walther to save their downed corpsman by rendering immediate battlefield aid. Every second counted. This was the exact situation that their Tactical Combat Casualty Care training prepared them to handle.

Korte and Walther, of 3rd Bravo, Marine Corps Security Battalion Bangor along with other members of 3rd Bravo, active duty and U.S. Navy Reserve hospital corpsmen participated in the week-long TCCC offered by Naval Hospital Bremerton's Education and Training Department————-. TCCC has gradually morphed into more than just a rudimentary refresher course and a simple preparatory requirement for overseas deployment.

For one NHB corpsman teaching the course, the applicable knowledge gained from attending TCCC can be the difference between life and death.

Moving a casualty to cover and not getting shot in the process was part of the field test during practical applications of NHB's Tactical Combat Casualty Control course. Students found out that the physical strain and exertion needed to carry a wounded patient is a potential arduous task and one that very well might happen in a war zone. Official Navy photo by Douglas H Stutz).

"TCCC is not just a check in the box; this is the course that will help save lives on the battlefield," stated Hospital Corpsman Second Class (Fleet Marine Force) Andrew L. Chase, NHB TCCC Program Manager and Lead Instructor. "This class is one of the most important trainings our corpsmen will get before deploying to a combat zone. We have many who have never deployed anywhere and this course is suited for them. It's even a great refresher course for those deploying again because Navy Medicine is always evolving with what we learn on the battlefield. It's our duty to take what we know and share with our units in the field so they know all the latest techniques and tools involving combat medicine."

Chase is the embodiment of TCCC – he's been through it, he's lived it and now he's teaching it.

As such, he has modified and enhanced NHB's TCCC to ensure than once hospital corpsmen are deployed with a Marine Corps unit, they are ready to handle first responder care for wounded on the field of battle and prevent loss of life. Tactical Combat Casualty Care is now required within 90 days of members deploying as an Individual Augmentee or to a Global War On Terrorism billet, and Chase has been there and can share exactly what it's like to be suddenly faced with battlefield trauma and have to handle the associated chaos and stress from the fire fight.

"The bottom line is that you fight like you train," Chase flatly stated. "Our training here will have our deploying members able to confidently and aggressively assess and treat our wounded brothers and sisters in Afghanistan and the world over."

Chase brings a wealth of knowledge to share on battlefield trauma gained the hard way – from running gun battles in Western Iraq to urban warfare in Baghdad. He deployed with Regimental Combat Team 1, 1st Marine Division, from Dec. 2007 to Jan. 2009. He went originally to Fallujah, but then found himself relocating from one hot spot to another. Along with running daily convoy ops with the Regimental Combat Team and working the Rear Area Security, he was a combat replacement for multiple Marine battalions carrying out standard operations that included mounted/dismounted patrols, and sweeping for Improvised Explosive Devices and weapon caches. His duties included the battle of Sadr City to helping track High Value Targets in Diyalah. He also trained several Iraqi doctors on treating combat trauma and the necessary clinical care afterwards, as well as six Iraqi Army medics. He finished up his time in Iraq working out of Ramadi.

Once back at Camp Pendleton, Chase was chosen and hired on as a Combat Trauma Management Instructor with Division Navy Training for 1st MAR DIV, helping to teach advanced tactical medical procedures and tactics. "I worked for about 18 months instructing CTM," said Chase. "The last six months at Camp Pendleton I was the corpsman for Camp Pendleton's Special Response Team team (SWAT) where I trained my team in tactical medicine in an urban environment, and operated with them as a valued member of the team. I have been training medical personnel and Marines for about three years now."

TCCC at NHB used to be just two days of didactics, followed by one day of semi-practical applications with a somewhat-final exercise. The final exercise was a student grabbing a dummy and dragging it through a gravel parking lot to complete the needed mock medical interventions.

"And the practical applications were done on outdated simulation dummies that were falling apart," added Chase,

who immediately set to work using his battle field experience and teaching acumen to completely revamp the program. The first change he did was enlist qualified instructors who had also been in a combat zone and help teach the necessary skills. He then bumped the course from three days to five and added a military fitness based physical training session every day. “The main reason for making the course longer was to allow for more practical application time and more hands-on training.”

For the final portion of the course, students practiced during a simulated firefight. They suffered casualties needing immediate medical attention. They had to apply IV's, and practice cricothyroidotomys (emergency airway puncture). They had to return fire while rendering aid, and safely and securely manhandle the wounded patient through a dense wooded area, and up a hill before calling in for a casualty evacuation and positioning at a suitable, safe area to load the patient onto the vehicle to extract the patient.

All while still taking incoming fire from insurgents. Such a scenario can be expected in Afghanistan.

In the case of multiple injured needing medical care under fire, the least wounded get treated first to get them back in the action. “The first step in such a scenario is to move the casualty to cover and not get shot while doing it,” related Chase. “The top priority is early control of any mass bleeding by dressing, pressure dressing and tourniquet. Clotting agents are used. A corpsman is also taught to improvise if necessary. A corpsman will do what is needed to do to save a Marine. But the best medicine in combat is superior fire. Being able to return fire is a proven way for victory and that’s part of our training.”

Under the watchful gaze of HM2 Class David Watts applying liberal amounts of fake blood, Lance Cpl. Zack Korte and Lane Cpl. Craig Walter of 3rd Bravo, Marine Corps Security Battalion Bangor commence to assess the wounds of HM3 Trenton Burton. Watts continually stressed to them the need to reassess their casualty after relocating from one area to another (Official Navy photo by Douglas H Stutz).

“We stress that on the actual battlefield, there are so many moving parts. There can be a lot of confusion initially. There’s adrenaline kicking in, lots of profanities, and plenty of yelling and screaming,” commented HM2 David Watts, assistant TCCC instructor. “Our job here is to try and make this as realistic as possible by pressuring the students to apply all they have learned in the classroom to handle those moving parts.”

Watts, a Marysville, Wash native and HM2 Dustin Koch of NHB’s Health Promotions, continually peppered the students with comments, questions and suggestions. “Did they apply direct pressure to the wound?” “Are they using ‘MARCH’ in their assessment”? “Is he cold, does he need a blanket?” “How much blood has he lost?” “Did they reassess after moving to another area?” “For the shot in the chest, did they check for an exit wound?”

“In a war zone, a corpsmen needs to look, listen and feel as quickly and efficiently as possible,” said Koch, from Las Cruces, N.M., who served in Iraq with Chase. “It’s our responsibility to treat the wounded and save them.” Burton brought field experience having served with the Marines to help teach the course.

“Having another person act as a wounded patient is really beneficial and can help with the overall learning process in the field,” explained Burton. “It’s completely different having someone screaming in pain that they need to keep calm.”

“Lugging a wounded patient on a litter over uneven terrain is not easy,” continued Burton. “What we’re doing here also doesn’t include all the full ‘battle rattle’ and gear routinely worn in the field. For some, this is really an eye-opener that they better be ready for the physical strain and exertion.”

According to Chase the corpsmen community has really helped Navy Medicine with a gradual change on patient assessment on the battlefield. Instead of relying on just the ABC's (airway, breathing, circulation) in accessing a trauma patient, the acronym being used now is MARCH, Massive hemorrhage; Airway; Respirations; Circulation; and Head injury/Hypothermia.

“The reason why MARCH is so important is because it teaches the students to focus and treat the injuries that will ultimately kill the patient first,” explained Chase. “For example, if you have a patient who has taken shrapnel to the face and has airway complications, but also has taken a blast to his lower extremities and is bleeding out through his femoral artery, you have 60-120 seconds to tourniquet that leg and stop the bleeding or the patient will die. But you have four to six minutes before the patient has any lasting brain damage due to lack of oxygen. So what is going to kill him first?”

Chase takes his class through course material that covers the MARCH algorithm, proper tourniquet placement, proper use of combat gauze, nasopharyngeal airways, surgical cricothyroidotomy, occlusive dressing application for sucking chest wounds, and needle decompression to treat tension pneumothorax, proper pressure dressing application, treatment of abdominal evisceration, splinting, burn treatment, IV's, Patient carries and drags, and CASEVAC/MEDEVAC care and organizing and transmitting a 9Line medical evacuation message.

“This really was good experience and I learned a lot,” said HM3 Adam Jackson, a Tacoma native and Navy Reservist. “It was a trial by fire, having to remember the MARCH steps and apply them, with the instructors yelling and also having to provide cover fire and carry the casualty all over the place.”

Corpsmen have always taken great pride in caring for any fallen Marines in combat and TCCC has helped achieve the highest casualty survival rate in history. It used to be that 90 percent of combat wound fatalities died on the battlefield before reaching a medical treatment facility. Not anymore.

Compiled statistics show that in Afghanistan approximately 5,500 US servicemembers were wounded in action last year, doubling the total in 2009 of 2,415 wounded. Of those Americans wounded in 2010, less than 7.9 percent died, down from more than 11 percent the previous year. Medical experts note that there are varied reasons why more battle field wounded are surviving and most agree that one of the main reasons for the continued decline of combat wounded fatalities is due to the updated improvements in medical training for Soldiers, Sailors, Airmen and Marines who administer first aid on the battlefield.

One course goal is helping with the remembrance process, not just in the classroom but also in the field.

“We want everyone to use MARCH and immediately go through the progression in handling a wounded patient,” said Chase. “Our goal is to get every students through the course as mentally prepared as we can. We pile stress on the student to intentionally make them feel uncomfortable. They have to be able to do the right administering of care while being under stressful conditions on the battlefield.”

“We construct a baseline with an emphasis on providing care under fire,” continued Chase. “Our Sailors and Marines need to be aware of the immediate needs of the patient, conscious of the gunfire, cognizant of protecting a wounded patient, mindful of using communication to call in support and also exhibit increased awareness on the surroundings and of the situation at hand.”

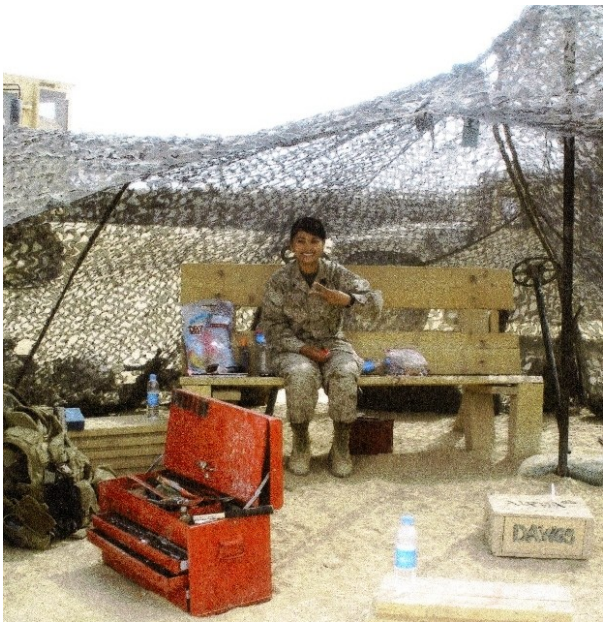
Commands and instructions are barked out fast and furious. “Pick that swab patch up!” was a none-too-gentle reminder on tactical integrity about leaving no medical supplies to let the enemy know they wounded someone. There was a continual dialogue on lessons learned. Chase touched upon little things that aren’t from any classroom…such as muzzle awareness at all times and never resting the rifle clip on the ground to prevent jamming.

“We want our corpsmen to be able to quickly recognize life threatening injuries and treat them while at the same time being cool under fire and keeping tactical integrity,” Chase explained “This course is constantly evolving as we learn newer and better ways to keep our wounded alive. One of the best byproduct about tactical medicine is that when we send our hospital corpsmen out, they always come back and share what they did under fire.”

The NHB TCCC course is being taught every month and is open to all hands, not just corpsmen. “I hope others come with a lot of motivation to learn new things,” said Chase, adding that he hopes to expand the course even more. “A hospital corpsman just doesn’t automatically become a ‘doc,’” he said. That title is earned and we all have to prove that we’re a ‘doc’ to our Marines. TCCC is a great foundation to help do that. The training we do today is for the battlefield tomorrow.”

IA deployment starts a string of firsts for NHB hospital corpsman

By Douglas H Stutz, NHB public affairs officer, from Nov. 2010 –Hospital Corpsman Second Class Raissa Vidal's Individual Augmentee deployment proved to be a first in a number of ways, from the beginning to her return to Naval Hospital Bremerton. The IA assignment was her first deployment. She was slated to head to Iraq and at the last minute shifted to Helmand Province, Afghanistan, along with Marine Wing Support Squadron 371, 3rd Marine Air Wing, out of Yuma, Arizona.



Once back at NHB, she found herself for the first time ever in front of a packed crowd as part of the recently held Heroes' Welcome honor ceremony that recognized Individual Augmentees and their families from all commands throughout Navy Region Northwest. Raissa was selected as one of three special vignettes staged by the Naval Base Kitsap Fleet and Family Support Program that provided an in-depth synopsis of an IA. Overall, approximately 200 Navy personnel undertook IA deployments over the last year from the Navy Region Northwest, with 98 coming from NHB.

In between those two firsts, Vidal found herself not only for the first time on the other side of the globe in an austere environment, but also for the first time out of her comfort zone in her specialty as a Laboratory Technician. But she had the necessary background training to provide needed medical support to the Marines.

Vidal handled field medicine responsibilities, which included daily sick calls, first responder duties and supporting primary care needs. The 3rd MAW squadron was the initial sizable U.S. presence in Helmand, with base and airfield construction taking place around the clock. Vidal also worked around the clock. Her grueling schedule called for her to be 24 hours on, and hopefully 24 hours off. There were flight line construction concerns at Camp Leatherneck with heat-related illness; there were numerous upper respiratory ailments due to the sandstorms; there were always swirling clouds of fine-particle moon dust that covered everyone and everything; it was high desert hot in the day and bone-chilling cold in the night. There was Preventive Medicine responsibilities to ensure proper hygiene and sanitation was in place.

"We also had a lot of basic dehydration cases and typical bumps, bruises and lacerations," said Vidal, who worked out of the Battalion Aid Station with a dozen other Navy doctors, nurses and hospital corpsmen. "It had also been awhile since I'd done any stitching in sick call or dealt with a burn victim."

The conditions were less than ideal, but Vidal and others made the best of it. When they got to the camp in Helmand, there was nothing established. It was up to them to make it happen. With help from a Seabee construction crew, the first BAS was a basic tent setup, but rather small and only capable of holding four litter beds. Over the course of their deployment, they expanded the BAS to hold 12 beds, added a generator to supply air conditioning; put in a small pharmacy and upped their ability to handle increase traffic and more services. "Basically it came down to us," she said. "There was no one else to do what needed to be done."

"We were so far away from everything," remembered Vidal. "When I went up to Kandahar (in the neighboring province and now the site of the largest field hospital in the country) it was such a contrast. It seemed like they had everything."

Meanwhile, Vidal's parents fretted, as all concerned parents do. Her mother was very reluctant to have her deploy anywhere overseas. It was bad enough for her Mom to hear she was initially going to Iraq and then when the mission changed to Afghanistan, she really went into worry-wart mode.

"I constantly had to reassure Mom that it was going to be okay," said Vidal, knowing that is easier said than done. The downside of the deployment was that computer connectivity back home from Helmand was iffy at best, so

Vidal relied on traditional ‘snail mail’ to stay in contact with family. “I told Mom to write every day. And she did! It was always special to get her letters.”

Vidal’s two older brothers also serve in the Navy, both assigned to ships. They didn’t harbor their mother’s fears though.

Quite the opposite.

They were very proud that their little sister was down range supporting Operation Enduring Freedom.

The deployment also gave Vidal the chance to prove to herself that she could handle whatever came her way. She found herself, as many do when called upon, doing a lot of duties outside of her normal scope.

“I really tested myself and realized that I could do what needed to be done,” Vidal said. “We all did. There was so much to do, from primary duties to handling all the little chores.”

Once back home, as with most returnees, there was a transitional period of readjusting. “I was excited to be back, but I found it took awhile to get back into the swing of things such as going from the sleep pattern I had to the previous one I was used to,” said Vidal. “But it was great to see my family and friends and get babied by Mom. It also felt like at times that we had to getting to know each other again.”

Even though she downplays the medical support role she provided, Vidal’s first deployment was certainly the real thing and a vast difference from the usual ‘haze-gray underway’ initial experience. Even her relieved Mom knows that. But that’s not a first.

A trio of Naval Hospital Bremerton hospital corpsmen, (from L) HM3 Michael Kibosio, HN Neal Mendoza and HN Nathan Dice showed the necessary physical and mental discipline by running out 2010 with their participation in the inaugural 'Yukon Can Do' Marathon in Port Orchard, Wash on Dec. 31, 2010. Mendoza clocked in with a 4 hour, 25 minute finish time, Kibosio at 4:30 and Dice at 4:35. The 26.2 mile full marathon and associated half-marathon attracted over 200 entrants despite the chilly 18 degrees at start time.
NHB also had several staff members complete the 13.1 half portion of the course, which ran from Manchester State Park to downtown Port Orchard along Beach Drive
(Official Navy photo by NHB PAO, Douglas H Stutz).

Everyone knows the Main Operating Room staff is bolstered by the Corpsmen!

Practice makes perfect… every time...

NHB Corpsmen reflect on Operation Iraqi Freedom support

By Douglas H Stutz, NHB public affairs officer, from Oct. 2010 -- When Operation Iraqi Freedom commenced before dawn, March 20, 2003, so did the tireless support provided by Navy Medicine.

During the seven long years of war, Navy doctors, nurses, hospital corpsmen and support staff worked continuously to render medical support to those in need.

Although OIF transitioned into Operation New Dawn on September 1, there lingers a legacy well beyond the sobering numbers from OIF - more than 4,400 deaths and 35,000 wounded of American servicemembers – that reveal the commitment, effort and in some cases, ultimate sacrifice made during that time. Several staff members from Naval Hospital Bremerton shared their recollections of serving in-country during that time.

"I had two tours in Iraq," remembered Chief Hospital Corpsman Nathan W. Sims, Naval Hospital Bremerton leading chief petty officer for Operational Readiness Department. "The first time I was with 1st Battalion 5th Marines in Ar Ramadi in al-Anbar province, from February to August 2005. Things were pretty bad at the time. We took mortars and rockets almost daily. We had several large Vehicle Born Improvised Explosive Devices and lots of contact with the enemy. We were busy doing all we could. We lost 15 Marines and one great corpsman, HM2 Cesar "Cid" Baez. Cid was an inspiration to everyone that he served with."

(*Baez, from Pomona, Calif., died as a result of enemy small arms fire while conducting combat operations)*

As was the case in wars past, medical advances were made under battlefield conditions that enabled Navy corpsman like Sims to deal with the wounded as never before. Compiled statistics show that casualties today have a 90 percent and higher chance of surviving, a quantum leap even from the first Gulf War over a dozen years earlier.

One medical advance carried out during OIF was improving upon the personal protective body armor.

"I saw up close body armor saving a life," Sims said. "We had one round stopped by it. The bullet almost went all the way through a protective plate on one of our Marine. It didn't enter his body, but he did end up getting a huge bruise. We'll take that any day over the alternative."

Self-applied combat application tourniquets and clotting agents to stem blood loss were implemented during urban warfare and roadside bombing attacks.

"The CAT tourniquets are a good fallback, especially for all Marines on patrol. The newer blood clotting products are poured directly on a wound to help stop the bleeding," said Sims, noting that there was also medical care advances made using new technology in surgery and helping to prevent infection.

Sims deployed again in 2008 to Al Asad with Naval Mobile Construction Battalion 17 and noticed improvement with the treatment of wounded personnel and getting them out of harm's way. "We used to have undersized vehicles that a litter wouldn't fit into," said Sims. "When we got the Mine Resistant Ambush Protected—MRAP—armored vehicle, it was a vast improvement. A litter could fit inside with stable protection when transporting injured personnel."

(Al Asad Air Base was the second largest Iraq and situated between two flash point cities of Hit and Hadithah, approximately 110 miles West of Baghdad.)

"Even with all the advanced technology that has been added, the number one asset we had in Iraq to save lives was our hospital corpsmen," Sims stressed. "It's the training that every corpsman goes through. It's knowing the basic

ABC (airway, breathing, circulation) foundation for saving lives out there on patrol."

Training and experience trumps all in caring for troops, yet the ability to provide medical assistance to Iraqi civilians was also vital to the success for many missions, commented HMC Emiliano Rabor, who served as part of the Al Anbar Provincial Military Transition Team 2007-2008.

"There were times we provided more medical care when on patrol than anything else. Medical care was considered a blessing where we were. We treated so many civilian cases. Showing compassion and care to the medical needs of local Iraqis allowed us to gain some mutual respect and cultural understanding," said Rabor.

"Although there were still some problems when I went back for the second time, there really was an improvement in the climate and the lives of the Iraqi people," recalled Sims, noting the difference between his initial and following tour. "It was a whole different world the second time around. I believe that the sacrifices made by all who have served in Iraq have meaning. We have all helped the Iraqi people by improving their quality of life and making sure that they don't live in a constant state of fear. I wish there was somehow a way that we could show all the children we helped over there with medical care that gave them a better chance to have a future."

According to Capt. Ken Iverson, Expeditionary Medical Facility Kuwait commanding officer, even with the OIF to OND transition, EMF K still focused on their primary mission of providing medical support for ill and injured service members coming from southern Iraq.

"We have limited surgical capabilities but are well poised to stabilize and prepare wounded personnel for transport to higher levels of care," said Iverson. "We have handled those we have received through the years and I suspect we will have little trouble in the future unless something catastrophic and extraordinary occurs."

By all accounts, Iraq is still a dangerous place, and as such EMF K continues to prep and prepare for any contingency.

"Our biggest training is mass casualty drills to hone our ability to handle multiple injured," said Iverson. "Our staff arrives here already medically trained to do their job, but working together as a team in this setting needs to be practiced, especially when the daily average temperature continues to hover in triple digits. We have drilled more in a month and a half than a typical military treatment facility back home might do in a couple of years."

There are still almost 50,000 U.S. troops in Iraq. From Expeditionary Medical Facility Kuwait to specific locales in-country, Navy doctors, nurses, hospital corpsmen and support staff remain on call to support. Much as they did over seven years ago.

Aug. 2010—Finding the right-fitting chapeau in the time-honored tradition...Hospital Corpsman Chief-Select Steven Lastuka of Naval Hospital Bremerton's Medical Services Department and HMC-SEL Robert Connell of NHB's Naval Branch Health Clinic Bangor are assisted in trying on and assembling their needed new uniforms and accessories during their visit to the Naval Base Kitsap Bremerton Uniform Shop as part of the Chief Petty Officer induction process (Official Navy photo by Douglas H Stutz, NHB PAO).

Practiced, Poised, Prepared for Pacific Partnership 2010

***By Douglas H Stutz, NHB PAO (From March 2010)* –** In the time-honored Navy tradition, a farewell ceremony was held for Naval Hospital Bremerton staff members who are embarking on hospital ship USNS Mercy (T-AH 19) in support of Pacific Partnership 2010.

Approximately 25 NHB staff personnel have already been assigned to take part in Pacific Partnership 2010, the fifth of the annual series coordinated by U.S. Pacific Fleet to provide humanitarian civic assistance throughout the Western Pacific and Southeast Asia.

USNS Mercy is scheduled to visit Vietnam, Cambodia, Indonesia and Timor-Leste between May and September, with other U.S. Navy ships slated for Palau and Papua New Guinea. Australia, Japan, New Zealand and Singapore are some of the countries also participating.

"This is a tremendous opportunity for everyone who is deploying," commented Capt. Mark E. Brouker, NHB commanding officer. "We're prepared for what we do and we all want to make a positive difference. Making a positive difference is what Pacific Partnership is all about."

Pacific Partnership 2010 is aimed at strengthening regional relationships with host nations and partner nations in Southeast Asia and Oceania, and is designed to enhance these relationships though medical, dental, veterinary and engineering outreach projects that reinforce the mutually supporting roles between participants. Pacific Partnership also improves the ability of the U.S. and regional countries to prepare for and better respond to disasters, such as pandemic illness, typhoons, earthquakes and tsunamis.

"I'm looking forward to going," said Hospital Corpsman 1st Class Christopher Newcomer. The biomedical repair technician and Tacoma native will conduct preventive maintenance, repair and perform maintenance on a variety of medical equipment. In Pacific Partnership 2008, biomedical repair technicians off the Mercy were responsible for $2,965,719 worth of equipment that was put back into service.

"We'll not only fix as much gear as we can but also help mentor [those in the host nation]," said Newcomer.

U.S. Naval forces have responded to numerous natural disasters over the years and each response has highlighted the importance of establishing relationships prior to such events.

Pacific Partnership helps to strengthen long-term relationships by building international teams of both military and civilian specialists to deliver a wide variety of services to local communities identified by the host nation.

Delivering that wide variety of services will be a select diverse group of staff manning the Mercy, many with specific medical field expertise as well as numerous support staff with additional skill sets. “This is such a great opportunity not only for me but also for my career as a Sailor,” exclaimed Logistics Specialist Seaman Octavio Ochoa, of Houston, Texas. “I expect to fill a billet with the ship’s supply department. I’m ready to show what I can do and then some. I’m ready to go.”

The last Pacific Partnership that utilized the one thousand-bed Mercy as a platform was in 2008, with approximately 50 NHB staff members part of that joint, multi-national and non-governmental team on the deployment.

They delivered medical care and conducted engineering projects with the Republic of Philippines, Vietnam, Timor Leste, Papua New Guinea and the Federated States of Micronesia.

Compiled facts and figures help to tell part of the impact Pacific Partnership 2008 made; Total patients treated were 90,693; the total number of surgeries conducted was 1,370; there were 14,866 dental patients seen and treated; the veterinarians handled 6,665 animals for treatment and there were 26 construction projects. Preventive Medicine impacted an estimated population of 48,500 by performing 2,090 hours. There was 7,703 Contact hours concerning Training and Subject Matter Expert Exchange: with 4,352 students.

Pacific Partnership 2009, which was conducted from aboard Military Sealift Command dry cargo/ammunition ship USNS Richard E. Byrd (T-AKE 4), treated a total of 22,037 patients, the medical team saw 11,248 patients and the dentists saw 4,487. The biomedical repair team assessed 107 pieces of equipment, repairing 77 and performing preventive maintenance on 23.

But the compiled statistics really only tell part of the impact of such a deployment. Actual emotions also assisted in chronicling the PP08 mission, for if those in need couldn’t get to the Mercy, the Mercy was brought to them via Medical Civic Assistance Programs (MEDCAPs).

“The MEDCAPs were special,” stated Hospital Corpsman 3rd Class Henry Hearley, NHB pharmacy technician, who participated in MEDCAPs in every country, a total of 19 overall. “We really connected with the local people. The work we did for those people who needed medical help was amazing. Some, if not all of the people rarely got any medical care.”

The collective prevailing sentiment for NHB staff members assigned to Pacific Partnership 2010 is a professional willingness to help in any way they can, as has been in the case in the previous deployments.

Command Master Chief Frank Dominguez recites the oath as he reenlists on June 14, 2012, in a ceremony that also included a neighboring peacock wandering by the outdoor ceremony. Everyone knew the CMC was good...but that good?
Yes, his experience included deploying as senior medical department representative, 3rd Battalion, 1st Marines during major combat operations in Fallujah, Iraq, where he provided strong leadership, expertise, and coordination of two battalion aid stations, aerial casualty evacuation, ground medical evacuations, and two armor ambulances was exceptional, to coordinate the rapid triage, treatment and evacuation of more than 300 battlefield trauma casualties.

NHB Welcomes staff members from Operation Unified Response in Haiti

By Douglas H Stutz, NHB public affairs officer, Feb. 2010 -- Naval Hospital Bremerton welcomed back 12 staff members who deployed aboard USS Bataan (LHD 5) in support of Operation Unified Response, providing humanitarian assistance and disaster relief for earthquake-ravaged Haiti.

Capt. Mark E. Brouker, Naval Hospital Bremerton commanding officer and Capt. Ken Iverson, NHB executive officer lead the way to greet 12 staff members returning from deployment in support of Operation Unified Response, providing humanitarian assistance and disaster relief in Haiti aboard USS Bataan (LHD 5) for approximately six weeks, Feb. 24, 2010 (Official Navy photo by Douglas H Stutz).

The doctors, nurses, and hospital corpsmen were deployed on January 17 for approximately six weeks to help the Caribbean island-nation after the 7.0 magnitude earthquake struck five days earlier.

"We were a casualty and receiving team and began doing that almost immediately," said Cmdr. Janine Wood, who acted as senior nurse for casualty receiving and staff nurse for USS Bataan's ward. "We'd been there less than two hours and we were part of a actual mass casualty event that set the tone for the next three weeks. We were getting patients all the time."

According to Hospital Corpsman 2nd Class Elena Hutchinson, the NHB team just got on the Bataan, finished lunch, and then went to their berthing to get situated when the word was passed about a 'mass casualty incoming.' "I asked HMC (Rena) Shockey if this was a drill and was ensured that it wasn't," related Hutchinson, a Miami Fla. native. "It was chaotic at first, but we got the job done. We relied on ship's company, because we didn't initially know where supplies were and who was who. But ship's company, the fleet surgical team and our team all pulled together."

"We were expecting the injuries we got, but… that first day was overwhelming," added Wood.

The medical personnel on the Bataan mainly handled orthopedic injuries. There were numerous broken bones and associated wounds. There were several amputations conducted which were the result of infection setting in. There were washouts for wounds that needed to be kept cleaned. There were dressings that needed changing, antibiotics and other medications dispensed to speed the recovery process. There were also a lot of children who needed medical treatment of some type.

"We had one little girl, only about seven years old, that had a broken femur that was three weeks old," noted Wood. "The break managed to straighten and was healing correctly, which we thought was amazing. Some of the Marines made a set of little crutches for her and she was as happy as could be. On our way there we followed a news story about a 70-year old that was stuck under a pile of rubble for a week. We helped treat her and she ended up okay. The resilience of those injured was remarkable, whether they were young or old."

Patients were transported daily to the Bataan or Navy hospital ship USNS Comfort (T-AH 20). They could arrive on schedule or unexpectedly be coming. "We would get a mass influx of over 20 patients that would suddenly be arriving without any prior notice," said Hutchinson.

"We all got attached to many of the patients," said Wood. "They were really amazing. They had been through so much and they were all smiles and really happy just to be there. They praised God all the time. I cried when our first patients got discharged. We did several trips into the Port-au-Prince area and saw a lot of mass devastation. There were families making tents and shelter out of whatever they could find. It was sad to send them back. We were all concerned for their well-being."

Wood attests that discharge planning was a big challenge. "We certainly didn't want to send anyone, especially children, back without someone or someplace to go," Wood said. "We went out of our way, as other groups like USAID did, to ensure the Haitian patients that had been treated would be taken cared of when they got back ashore."

Hospital Corpsman Chief Rena Shockey shares a welcome home hug with Naval Hospital Bremerton Command Master Chief Sean Crane upon her return as part of a 12-member Naval Hospital Bremerton team that supported Operation Unified Response by providing humanitarian assistance and disaster relief in Haiti aboard USS Bataan (LHD 5) for approximately six weeks (Official Navy photo by Douglas H Stutz).

The Bataan became more than a floating hospital for the Haitian patients, and the NHB staff morphed into more than just a group of nameless medical personnel. There were smiles shared, songs sung, and spirits soared. There was also a sort of communal sharing after mail call.

"The patients loved it as much as we did when care packages came in the mail," Wood noted. "We shared a lot and a lot of charity came in for them. I even think the Marines bought out the ship's store of all the clothing articles to donate to many of the Haitians. And we could not have done our job without the Marine Corps translators. They were truly great."

The NHB staff found their way around the Bataan's medical department and handled duties in the intensive care unit, ward, laboratory, x-ray, pharmacy, and emergency department.

"Anything and everything related to medical we did," explained Hospital Corpsman Chief Shockey.

Members of the team also spent time ashore, such as working on Sailor Ashore Missions, which included helping to triage for hundreds of patients and aiding with medically evacuated Haitians in need of urgent medical care, as well as providing on-site medical care and needed medications.

The staff also manned an Interim Aftercare Facility on Haiti, which cared for Haitians that had already been treated aboard the Comfort and Bataan and were discharged back ashore.

"We mostly did physical therapy rehab," said Wood. "But a number of the non-governmental organizations (NGOs) and Haitian facilities got back up to speed and were able to take care of many of the patients."

"We are certainly proud of our 12 staff members that supported the relief efforts in Haiti. They did fantastic work," noted Capt. Mark E. Brouker, Naval Hospital Bremerton commanding officer. "We continue to be mindful and just as proud of our remaining 51 staff who are supporting global operations in Iraq, Afghanistan and in other countries throughout the world."

NHB Surgical Tech returns from Helmand Province IA deployment

By Douglas H Stutz, NHB PAO (from Feb. 2010) -- Hospital Corpsman 2nd Class Brian Lawrence Sandau helped set the stage for the current battle in Marja, Helmand Province, southern Afghanistan. The Naval Hospital Bremerton's Ophthalmology Department surgical technician was an Individual Augmentee with Charlie Company, 1st Battalion, 5th Marine Regiment conducting much the same offensive in the Helmand River Valley, albeit on a lesser scale - but no less important, critical or perilous.

"It definitely felt like at times being in the middle of hell," said Sandau, a Tripp, S.D. native, who worked out of Patrol Base Jaker, in the Nawa District of Helmand Province. The area is approximately 40 miles south of Lashgar Gar, the main city of the region, and located on a wide stretch of the Helmand River valley.

Sandau was part of the Marine Corps initial push into the historic Taliban heartland last June. A Marine Corps force of approximately 200 went in to augment and relieve a British force. Sandau was attached with a larger force of 500 that came in several days later.

"We flooded the area overnight," related Sandau. "The Taliban woke up and found they had a Marine battalion in their back yard."

There is an important market town near by the patrol base. The presence of the British and American troops, along with Afghan Army and National Police forces, systematically turned what was a frightened district back towards normality. “We have made that area a much more stable and secure place,” Sandau commented. “Residents gradually began to move back. There are now merchants in the market place where once they were none. The bazaar is open for business. People are shopping. Even the school reopened.”

“They felt safer because we were there,” continued Sandau. “The local Afghans told us that they wanted security, but many had to be cautious not to be seen with us. Still, one of the highlights I will remember is when one of the locals came to point out where he had noticed Taliban digging to rig an IED. It took a lot for him to do that. That was a huge risk on his part.”

Sandau attests that the reason why the local shared his knowledge is due to the element of trust that had been established. For his part, being a Navy Corpsman proved valuable not only for the Marines he cared for, but also for the local population. After beginning the offensive with the Command element, Sandau went to a weapons platoon. He was on patrol every day. He interacted and treated locals. Being on patrol meant carrying 75-plus pounds of gear in summer heat that reached an almost un-heard of 140 degrees.

“It was not the most forgiving environment,” noted Sandau, who at age 27, was considered an elder statesmen by most of the Marines and gave them ammunition for some good-natured ribbing. “I was reminded about being the ‘old man’ and they were wondering if I could and would hold up under the high operational tempo. Even the staff sergeant said that I did better than even he thought.”

“Our patrols weren’t high tech. They were down-and-dirty, ‘Boots on the ground,’ front line-duty,” said Sandau. “There were times when it was really difficult for us to tell who was who. Sometimes the scene did it for us. After one firefight with a lot of small arms fire coming at us, three insurgents scattered on motorbikes. Another stayed back. He hung out to be their eyes to see how we responded. They were just feeling us out.”

“Once the locals found out I was the ‘doc,’ they weren’t as worried seeing us or being seen by others seeing us. It was a waterfall effect. The word got around,” added Sandau. His medical kit bag could only carry so much. He provided treatment for a variety of ailments. But treatment for many at the patrol base was considered out of the question by locals who continually feared repercussions. “They would take what we could give them at the time.”

By assisting local Afghans with their medical concerns and complaints, it enabled the Marines to establish that element of trust and start a dialogue where snippets of conversation could yield nuggets of information on Taliban movements. Danger became as common as the swirling dust and suffocating heat. There were constant threat of booby-traps and Improvised Explosive Devices (IED) on patrol. Mortar rounds, rocket propelled grenades (RPGs) and small arms fire continually thudded into the patrol base.

“It took a while but I finally got used to it. As we all did,” said Sandau, explaining on how he and others handled the shooting. “The incoming shots got to me once when answering the call of nature. That was when an RPG round exploded with an air-burst. When that happens, it will make you hurry up whether you realize it or not.”

The patrol base was as Spartan as they come. Sandau spent three months in the close-confined area, with approximately 30 Marines, one other corpsman and a host of Afghan forces. In such an austere environment, it was almost a culture shock to have almost none of the normal accouterments associated with the 21st century. Being able to contact home was a limited luxury. Email connectivity was not available. Gatorade mix for the warm drinking water was considered a treat.

“Everyone was in the same situation, even the colonel in charge,” said Sandau. “We all adapted and we all got through it.”

Sandau’s ability to manage the high OPTEMPO and get through the daily grind culminated by earning his Fleet Marine Force qualification. “It was a surprise to even have the option to take the FMF board,” he said.

NHB's HM1 Stephanie Minix, on IA duty to Iraq with 1st Supply Battalion, USMC, provides a soothing and caring hand in medically treating a local child outside of Al Fallujah as part of her Independent Duty Corpsman responsibilities on deployment. Minix was recently named the Navy's Independent Duty Corpsman of the Year (courtesy photo).

Minix calmly listens to a young Iraqi patient outside of Al Fallujah. Minix was the sole medical provider in her area-of-operation for an extended period of time in 2008 in Iraq's Anbar province (courtesy photos).

NHB support an ongoing legacy for Operation Iraqi Freedom and Operation New Dawn

(From Jan. 5, 2012) By Douglas H Stutz, Naval Hospital Bremerton public affairs -- With 2011 wrapped up, so has the deployment of Naval Hospital Bremerton personnel to Iraq. From the onset of Operation Iraqi Freedom in 2003 to the final days of Operation New Dawn in 2011, Naval Hospital Bremerton staff members continually deployed for medical support inside and out of Iraq.

From the cities along the Euphrates River in rural Anbar Province to Basra on the Al Faw Peninsula, from the northern urban enclave of Mosul to Baghdad's Green Zone and Sadr City and many places in between, NHB doctors, nurses, hospital corpsmen, and support staff were there.

They embedded with various units that included 1st Medical Battalion, Special Warfare Group Iraq, 20th Seabee Readiness Group, Civil Affairs, Warrior Transition Team, 1st Marine Expeditionary Forces, 3d Marine Air Wing, 1st Marine Logistic Group and 1st Force Service Support Group. NHB sent nearly 300 staff members to augment Fleet Hospital Eight at Naval Base Rota Spain in early 2003 to gear up for Operation Iraqi Freedom, and also deployed approximately 200 additional staff members to help run Expeditionary Medical Facility Kuwait that rendered support to the ground mission just north of the Kuwaiti border inside Iraq through 2011.

NHB staff members were directly involved in assisting with caring for the almost 4,500 American troop fatalities and the approximately 32,000 service men and women wounded throughout OIF and OND.
Yet the nine years for many NHB staff members, some who did multiple deployments, produced more than simple statistics and accumulated data. The time spent brought many to the forefront of their chosen Navy Medicine profession, in ways that forever remain etched in their professional bearing and personal mindset.

At the Beginning -
"I don't recall exactly when I knew that Fleet Hospital Eight would play a major role, but soon after 9/11, we knew something was ramping up," recalled retired Hospital Corpsman Chief Steven C. Jackson, who deployed from March to September 2003 as leading chief petty officer for Fleet Hospital Eight Surgical Services. "We were materially ready thanks to good preparation and training, but we had no idea what to expect or how it would affect our own lives."

Naval Hospital Bremerton received orders February 2003 to staff, ready and deploy personnel to stand up and support a 116–bed Expeditionary Medical Facility to Rota, Spain, in support of Operations Enduring Freedom, Iraqi Freedom (OEF/OIF) and possible future contingencies. The Operational Readiness Department coordinated all logistics to marshal, ready and deploy 274-personnel from NHB as well as from nine other gaining commands around the country to form Fleet Hospital Eight.

"Our first group set up the EMF on a vacant lot next to the flight line and by mid-deployment we had built the 250-bed fleet hospital in tent city," said retired Senior Chief Hospital Corpsman Timothy D. Stewart, who was assigned to Inpatient Services as the ward leading chief petty officer. "It seems like so long ago, and we probably weren't prepared for what was to be done. My fellow corpsmen drove stakes and erected a quality structure and cared for our wounded warriors to the best of their abilities. It was a pleasure to serve with them as they did all the hard stuff."

Stewart noted that they treated approximately 1,700 patients with 78 hospital corpsmen running seven wards and worked port to starboard [12 hours on, 12 hours off] shifts nearly the entire time deployed in 2003. "I was extremely proud of how well my corpsmen completed their duties. We received accolades from the Soldiers and Marines we were treating," he said.

Jackson attests to the mettle and resolve of the fleet hospital staff to deal with the influx of incoming injured from the battlefield.

"I cannot recall a time in my life when I've been more proud of the Navy and being a corpsman. Having such an outstanding team to work with inspired me beyond words. Watching my corpsmen perform flawlessly and without complaint, often working long hours without a break, sometimes with no end in sight, literally brought a tear to my eye," said Jackson.

He also came away with high regard for the rest of the medical team at the fleet hospital.

"Seeing some of the 'miracles' performed by our surgeons and nurses was truly memorable. They handled facial reconstructions, avulsed limbs, severe eye injuries and more. Watching our junior corpsmen step up to effectively and efficiently handle the support challenge turned them quickly into seasoned professionals," Jackson said.

In-Country Iraq -

When Lt. Roger Williams arrived in Baghdad's Green Zone in 2007, his initial thoughts of being in a safe and secure area were quickly tested. "I was actually doing the tourist thing, thinking I was completely safe. I was swimming with my Army counterpart in what had been renamed 'Liberty Pool,' one of Saddam's former personal use only pools, when my buddy said that it had been a while since any rocket or mortar attack had happened. I thought he was kidding and not five minutes later, we heard incoming rounds landing all over the place. That was really my 'welcome to Baghdad' moment," said Williams, working at NHB's Operating Room.

The occasional shelling actually never abated when Williams was there, and it became part of the almost unreal aspect of deployment. "The attacks added to the surreal aspect of being there. Some would hunker down and others would go about their business as best and safely as they could and just dealt with it," he said.

Williams worked as a perioperative nurse attached to Forward Surgical Team assisting with the 28th Combat Sup- port Hospital in the Green Zone, helping care for troops, contractors, and Iraqi's. "We operated on all who needed us," he said.

The surreal gave way to heartrending - There were two vivid and equally tragic reminders of the war at hand. Army Capt. Maria Ines Ortiz was killed on July 10 during a mortar attack on the Green Zone. She was the first Army nurse killed by hostile fire since the Vietnam War. The attack also killed two other people and wounded 18 more. "It was very sad. I had met her. I knew her. She was on the way from the Emergency Room to the Operat- ing Room when we lost her," said Williams, who also deployed with Fleet Hospital Eight four years earlier.

"We were all devastated. Lt. Cmdr. Amy White, our current Emergency Medicine division officer, worked with her in the Intensive Care Unit."

Ortiz was one of many that Williams and others worked to save. Most of those wounded in Iraq did make it out for further treatment. Advances in train- ing, experience, equipment and technology has brought the survival rate of battlefield casualties up dramatically – some estimates as high as 98 percent—compared to former wars.

Another colleague drove up one day in a Humvee filled with casualties from a sniper attack. A local Iraqi mother was wailing in shock over her two young daughters who both had been shot and in immediate need of medical care. "We could see that one of the daughters was already dead. I couldn't even begin to imagine the grief the mom was experiencing. That tragic incident really stood out about the horrors of war," said Williams, a father with daughters and one son of his own.

"I had two tours in Iraq," remembered Chief

Hospital Corpsman Nathan W. Sims, former leading chief petty officer for Operational Readiness Department.

“The first time I was with 1st Battalion 5th Marines at Ar Ramadi in al-Anbar province, from February to August 2005. Things were pretty bad at the time. We took mortars and rockets almost daily. We had several large Vehicle Born Improvised Explosive Devices and lots of contact with the enemy. We were busy doing all we could. We lost 15 Marines and one great corpsman, HM2 Cesar “Cid” Baez. Cid was an inspiration to everyone that he served with.”

As was the case in wars past, medical advances were made under battlefield conditions that have enabled Navy hospital corpsmen like Sims to deal with the wounded as never before. Compiled BUMED statistics show that casualties today have a 90 percent and higher chance of surviving, a quantum leap even from the first Gulf War over a dozen years earlier.

One medical advancement carried out during OIF was improving upon the personal protective body armor. “I saw up close body armor saving a life,” Sims said. “We had one round stopped by it. The bullet almost went all the way through a protective plate on one of our Marine. It didn’t enter his body, but he did end up getting a huge bruise. We’ll take that any day over the alternative.”

Self-applied Combat Application Tourniquets to stem blood loss were implemented during urban warfare and roadside bombing attacks.

“The CAT tourniquets are a good fallback to help stop bleeding, especially for all Marines on patrol,” said Sims, noting that there was also medical care advances made using new technology in surgery that help to prevent infection.

Sims deployed again in 2008 to Al Asad with Naval Mobile Construction Battalion 17 and noticed im- provement with treating the wounded and getting them out of harm’s way. “We used to have undersized vehicles that a litter wouldn’t fit into,” said Sims. “When we got the Mine Resistant Ambush Protected armored vehicle, it was a vast improvement. A litter could fit inside with stable protection when transporting injured per- sonnel.”

“Even with all the advanced technology that has been added, the number one asset we had in Iraq to save lives was our hospital corpsmen,” Sims stressed. “It’s the training that every corpsman goes through and knowing the basic ABCs (airway, breathing, circulation) for saving lives out there on patrol.”

Training and experience were foundational in caring for troops, as well as in providing medical assistance to Iraqi civilians, which was vital to the success for many missions, commented HMC Emiliano Rabor, who served as part of the Al Anbar Provincial Military Transition Team 2007-2008.

“There were times we provided more medical care when on patrol than anything else. Medical care was considered a blessing where we were. We treated so many civilian cases. Showing compassion and care to the medical needs of local Iraqis allowed us to gain some mutual respect and cultural understanding,” said Rabor.

“When I went back for the second time, there really was an improvement in the climate and the lives of the Iraqi people,” recalled Sims, noting the difference between his initial and following tour. “It was a whole different world the second time around. I believe that the sacrifices made by all who have served in Iraq have meaning. We have all helped the Iraqi people by improving their quality of life and making sure that they don’t live in a constant state of fear.”

Towards the End -
Hospital Corpsman Master Chief Tom Countryman’s one- year deployment from 2010 through 2011 as command master chief at Expeditionary Medical Facility Kuwait covered a time when the drawdown of troops in Iraq went from 90,000 to 50,000. The war-time violence abated some but didn’t completely diminish.

“It didn’t mean that our work load got any easier, and it didn’t mean we just stopped doing what needed to be done. We continued to provide urgent and emergent expeditionary medicine and primary care, as well as combat

force health sustainment. Those were our main missions," Countryman explained.
EMF Kuwait served as a Level III hospital with top-notch resources for emergency room needs, surgery requirements, Intensive Care calls, clinical providers on call, and vital laboratory and blood bank concerns.
"My primary goal was the same as any other CMC that has ever been on deployment, and that was to take care of our troops and get every one of them home safely. That goes double for our patients," Countryman said.

Currently
Hospital Corpsman 2nd Class (Fleet Marine Force) Andrew L. Chase brought back his experience to handle NHB's Tactical Combat Casualty Care training as program manager and lead instructor.

"TCCC is the course that will help save lives on the battlefield. It's our duty to take what we know and share with our units in the field," said Chase.

Chase modified and enhanced the course to ensure than once hospital corpsmen are deployed with a Marine Corps unit, they are ready to handle first responder care for wounded on the field of battle and prevent loss of life. TCCC is now required within 90 days of members deploying.

"The bottom line is that you fight like you train," Chase flatly stated. "Our training will have our deployers confidently and aggressively assess and treat our wounded brothers and sisters in Afghanistan and the world over."

Chase brings knowledge gained the hard way – from the battlefields in Western Iraq to urban warfare in Baghdad. He deployed with Regimental Combat Team 1, 1st Marine Division from Dec. 2007 to Jan. 2009. He went originally to Fallujah, Iraq, but then found himself relocating from one hot spot to another. Along with running daily convoy ops with the Regimental Combat Team and working the Rear Area Security, he was a combat replacement for multiple Marine battalions carrying out standard operations that included mounted and dismounted patrols, and sweeping for Improvised Explosive Devices and weapon caches. He also got in a mission with a Navy SEAL team and spent a few months embedded with a Military Transition Team training the fledgling Iraqi Army. His duties included the battle of Sadr City to helping track High Value
Targets in Diyalah. He also trained several Iraqi doctors on treating combat trauma and the necessary clinical care afterwards, as well as six Iraqi Army medics. He finished up his time in Iraq working out of Ramadi.

The support missions for OIF and OND are completed, but as is the case with the rest of BUMED, Naval Hospital Bremerton continues to support ongoing contingency operations. There are over 60 staff members deployed in 2011, with approximately 25 currently serving in Afghanistan.

Gone but Never Forgotten – NBHC Everett Remembers Clinic Namesake

Reflections from the front line...Hospital Corpsman 2nd Class Krystal Wasson shares personal correspondence from one of HM2 David R. Ray's friends during a birthday celebration in Ray's honor as Naval Branch Health Clinic Everett formally recognized the Medal of Honor recipient and namesake of their clinic on Feb. 15. Ray was awarded the Congressional Medal of Honor (posthumously) for his actions during the Vietnam War at Phu Loc 6 near An Hoa in Quang Nam Province, Republic of Vietnam, on March 19, 1969. NBHC Everett, commissioned in 2002, is located within the David R. Ray Health Center.

From Feb. 16, 2012, by Douglas H Stutz, NHB public affairs -- Branch Health Clinic Everett formally recognized the Medal of Honor recipient and namesake of their clinic on Feb. 15.

Hospital Corpsman 2nd Class David R. Ray, who would have turned 67 on Feb 14, was remembered with a birthday celebration attended by all hands as well as several distinguished guests. The event also included staff members sharing comments from Ray's family and another hospital corpsman who served alongside Ray during the Vietnam War.

Ray was awarded the Congressional Medal of Honor (posthumously) for his actions during the Vietnam War at Phu Loc 6 near An Hoa in Quang Nam Province, Republic of Vietnam, on March 19, 1969. NBHC Everett, commissioned in 2002, is located within the David R. Ray Health Center.

"We really decided to do this ceremony for several reasons but primarily because it's the right thing to do. Sharing what Ray did is something that a number of our more seasoned petty officers can relate to. They have deployed like Ray did and have been in the action. But we also have younger corpsmen that have yet to deploy and this clin- ic is their initial command experience. They need to know and understand that Ray's legacy defines who we are," said Cmdr. Doug Stephens, NBHC Everett Officer in Charge.

Rear Admiral C. Forrest Faison III, Commander Navy Medicine West and Naval Medical Center San Diego,

addressed the assembled staff of NBHC Everett during part of his tour of Pacific Northwest Navy hospitals and clinics and stressed that by their actions they were continuing to follow in Ray's footsteps.

"We do stand on the shoulders of giants, much like Petty Officer Ray. All of you are following with that tradition," said Faison.

NBHC Everett Command Master Chief Martin Aquino read heartfelt correspondence from Ray's sister, Mary Don Bixby, Friends of Fondren Library Executive Director at Rice University.

"I wish that I could be with you today. One of my fondest memories is attending the opening ceremony for the Health Center. We were treated with such respect and warmth during our visit, and we returned home with the knowledge that my brother had been honored by an exceptional group of U. S. Navy personnel who had chosen to name the Health Center for him. His love of his country and his dedication to his work as a corpsman led him to give his life to save the lives of others. Every day I am in awe of his heroism. It is hard to believe that Bobby, as we called him, would have turned 67 on Feb. 14. Thank you for honoring my brother in this special way. Even though we've never met, you can be assured that you are often in my thoughts," wrote Bixby.

Hospital Corpsman 2nd Class Krystal Wasson also shared a personal letter, one penned 43 years ago in Quang Nam Province by Ray's friend Hospital Corpsman Tommy Vickers to his family. The letter was received by Mr. and Mrs. Tom Vickers from their son the day before the Rays were notified on their son being killed in action. It read, in part, "I guess you know by now that Bob Ray got killed last night. They (Vietcong) ran over An Hoa. This is the story I got from a Marine he (Ray) patched up. "They started when one got through the wire and pulled a satchel charge under a hutch. When it went off everyone ran outside. They started mowing them down as they ran out. Bob got hit, but was still treating wounded when he was hit the second time. I hope this isn't true, but this Marine said he and Bob were real close. After his mother has calmed down, tell her this little Marine said Bob knew his job and was doing it. He fixed my arm. Then he stated to cry. He said that the enemy was all over them, plus rockets and mortars as thick as flies."

Vickers worked late in the night and well into the next day helping to treat and care for mass casualties. By 6:30 a.m. (on Mar. 20), six more choppers from An Hoa landed. Vickers still could not locate his friend and began asking Marines from Ray's outfit if they knew his status.

"Everyone said he had been hit, but no one knew how bad. Then this one kid told me what happened. I couldn't work. All I could do was sit and stare," wrote Vickers.

In addition to Ray, 10 Marines died in the battle.

"This ceremony is a poignant and powerful reminder of who we are," said Capt. Christopher Culp, Naval Hospital Bremerton Commanding Officer.

"For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty while serving as a HM2 with Battery D, 2d Battalion, at Phu Loc 6, near An Hoa.
During the early morning hours, an estimated battalion-sized enemy force launched a determined assault against the battery's position, and succeeded in effecting a penetration of the barbed-wire perimeter.
The initial burst of enemy fire caused numerous casualties among the marines who had immediately manned their howitzers during the rocket and mortar attack. Undaunted by the intense hostile fire, HM2 Ray moved from parapet to parapet, rendering emergency medical treatment to the wounded.
Although seriously wounded himself while administering first aid to a marine casualty, he refused medical aid and continued his lifesaving efforts. While he was bandaging and attempting to comfort another wounded marine, HM2 Ray was forced to battle two enemy soldiers who attacked his position, personally killing one and wounding the other. Rapidly losing his strength as a result of his severe wounds,
he nonetheless managed to move through the hail of enemy fire to other casualties.
Once again, he was faced with the intense fire of oncoming ene- my troops and, despite the grave personal danger and insurmountable odds, succeeded in treating the wounded and holding off the enemy
until he ran out of ammunition, at which time he sustained fatal wounds.
HM2 Ray's final act of heroism was to protect the patient he was treating.
He threw himself upon the wounded marine, thus saving the man's life when an enemy grenade exploded nearby.
By his determined and persevering actions, courageous spirit, and selfless devotion to the welfare of his marine comrades, HM2 Ray served to inspire the men of Battery D to heroic efforts in defeating the enemy.
His conduct throughout was in keeping with the finest traditions of the U.S. Naval Service."

As part of his Rucking effort at NHB's recently held Corpsmen Remembrance Run, HM1 (FMF) Kyle Smith, Prev Med Tech LPO, did approximately 10K in one hour and 45 minutes, stopping every mile to do 22 pushups, squats or military press with a ruck sack weighing over 30 pounds on his back. The 22 reps were to remember the 22 veterans (on average) per day who lose their battle with depression and Post Traumatic Stress Disorder and take their own lives. (note: figure attributed to Department of Veterans Affairs on veteran suicide rates in the United States).

Providing emotional support, professional guidance and caring assistance...Hospital Corpsman 3rd Class Andrea Arenas, a Maryland native, carried out her responsibilities as a victim advocate and member of NHB's Sexual Assault Prevention and Response (SAPR) team during a drill by assisting 'Joe,' an alleged sexual assault victim. NHB held the drill to commence the command's involvement in Sexual Assault Prevention and Awareness. Having a male as the sexual assault victim for the drill was specifically planned. The message was to drive home the message that anyone can be a victim of sexual assault.

Coordinating and communicating through a crisis...NHB Main Operating Room hospital corpsmen staff use TeamSTEPPS principles in handling a mock pediatric malignant hyperthermia case. TeamSTEPPS is a teamwork-based program designed to improve patient safety, enhance performance, augment overall communication and advance teamwork skills.

Branch Health Clinic Bangor Dental Services Directorate gather for a group photo to commemorate the 103rd birthday celebration of the Navy Dental Corps, which was founded on Aug. 22, 1912.

Hospital Corps Moments...

Hospital Corps Moments...

Hospital Corpsman 2nd Class Diana Tolosa is all smiles as she reenlists in front of friends and co-workers of Radiology Department. Tolosa transferred to Haze Gray Underway after being assigned at NHB that included recognition as Sailor of the Quarter.

Optical Support Unit's Hospital Corpsman 3rd Class Brandon Minyard verifies the prescription of lenses based on a recently received order in NHB's Optometry Clinic's Optical Fabrication Shop. The entire unit fabricated 26,565 pairs of glasses for Fiscal Year 2012 (Official Navy photo by Douglas Stutz, NHB PAO).

Hospital Corpsman 3rd Class Demetrius Walker and Hospitalman Cory Boles shares high-fives with local athletes during the Washington State Special Olympics Southwest Regional Basketball tournament held Feb. 1, 2014. Walker and Boles were part of the approximately 50 volunteers from NHB helping at the annual event that featured 106 teams, 93 games, five venues and 12 courts of play (Official Navy photo by Douglas H Stutz, NHB PAO)

NHB Chiefs Welcome Home Wounded Warrior

Rendering honors to one of their own...

By Douglas H Stutz, NHB public affairs officer, June 2012 — Naval Hospital Bremerton's Chief Mess gave a heartfelt reception to welcome back one of their own at Seattle Tacoma International Airport, June 10, 2012.

Hospital Corpsman Chief Holly Crabtree, rehabilitating after being severely wounded by a enemy sniper while supporting operations in Iraq in April 2010, was greeted with a hero's welcome.

The event was arranged by NHB Command Master Chief Frank Dominguez and Hospital Corpsman Master Chief Tom Countryman, and closely coordinated with Port of Seattle Aviation Security, Port of Seattle Police Department and the Transportation Security Administration.

"We've been looking forward for her arrival all week. It is just a honor to assist to welcome Chief Crabtree. We're blessed to have her home. It's hard not to be emotional about this, because usually when we render honors, it's for those who have fallen," said Port of Seattle Sgt. Doug Newman, Office of Professional Accountability, and the 2011 Navy Reserve Sailor of the Year of Navy Reserve National Security Forces, Naval Base Kitsap.

As the U.S. Airways flight was taxiing into place after landing, Port of Seattle Fire Department gave ceremonial twin water cannon shots across the plane brow. Once the plane door opened, Master Chiefs Dominguez and Countryman accompanied family of Crabtree onto the plane to greet her and escort her into the terminal.

Once inside SEATAC, the NHB chief petty officers stood in formation and rendered salutes, followed by shared smiles and warm applause by Port of Seattle staff members and fellow passengers.

"This is completely unexpected and so awesome. What's up my brothers and sisters!" acknowledged Crabtree to her Chief's Mess.

“Holly will remember this event for the rest of her life and know that you all have her back here in the Pacific Northwest. It was truly an honor welcoming one of our own home from the battle field. I continue to be awed with the character of the mess and you all show its true strength every day. I will cherish today's moment for the rest of my life,” said Dominguez.

“We are so pleased and happy to be able to do this,” added Deborah Miller, Port of Seattle Aviation Security Supervisor.

Crabtree, a Port Angeles, Wash. native, was accompanied on the inbound flight from Florida with Leah, her daughter, and is transferring to NHB. She sustained injuries on patrol with Army Civil Affairs attached to Special Operations task Force West near Ar Ramadi in Iraq’s Anbar Province.

Despite undergoing therapy during her lengthy rehabilitation process, it hasn’t held her back. Crabtree has participated in Wounded Warrior Games 2011, thrown out the first pitch at a University of South Florida baseball game, and shared greeting with members of the New Orleans Saints.

There were also several former shipmates of Crabtree in attendance from her time on USS Abraham Lincoln (CVN 72) when homeported at Naval Station Everett. Along with Countryman were retired Hospital Corpsman Master Chief Bee Rose, and Lt. Jeremy Howell, acting Department of Administration head.

“We were on a first name basis as young corpsmen from 2001 to 2004. Holly was a operating room technician and I was a general service corpsman. We also were at Independent Duty Corpsman school together, and I last saw her when I was commissioned in 2008. I’m very happy to be able to take part in welcoming her here,” Howell said.

“This has been without a doubt one of the coolest events I’ve ever been part of in all my time serving in the Navy. Like all of us, I’m glad and honored to be here to welcome one of our own home,” said HMC Michael Mussett, Leading Chief Petty Officer of Nursing Services.

HMC Holly Crabtree receives a warm welcome home by Naval Hospital Bremerton’s Chief Mess and other travelers upon arriving at SEATAC on Sunday, June 10. Crabtree, a Port Angeles, Wash. native, is rehabilitating after being severely wounded by a enemy sniper while supporting operations in Iraq in April 2010,and is transferring to NHB.

Independent Duty Corpsman baton passed from NHB to NHB

Chief Hospital Corpsman Shawn Kenney turns over Independent Duty Corpsman duties and responsibilities at Forward Operating Base Inkerman, Sangin, Helmand Province, Afghanistan to Chief Hospital Corpsman Gil Garcia, circa 2012.

Kenney served for approximately seven months as the IDC for the outgoing Marines 3/7 Battalion, and Garcia is IDC for incoming 1/7.

Some of the duties that Kenney is passing along to Garcia include providing medical care and treatment to the Marines, ANA (Afghan National Army) and Afghan civilians.

The IDCs also provide direct support for the daily operations of the FOB.

"So far, the most challenging part has been seeing our young Sailors and Marines injured due to IED's, enemy fire and environmental threats. Watching them improve has been the most gratifying, as well as seeing the direct impact our presence has made in this area," said Garcia.

From the Black Sea to Dead Sea, NHB IDC provides medical support

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, from Aug. 2012 -- From the Baltic Sea to the Dead Sea, an Individual Augmentee assignment for a Naval Hospital Bremerton independent duty corpsman from February until the end of August has taken him well away from traditional deployment settings.

Hospital Corpsman Chief Keith Davis has spent spring and most of summer with Black Sea Rotational Force 2012, part of approximately 350 Marine Corps and Navy Reservists operating as a Special-Purpose Marine Air-Ground Task Force.

BSRF has handled crisis response capabilities from being forward deployed to the Black Sea, Balkan and Caucasus regions and participate in security cooperation to build military capacity, provide regional stability and develop lasting partnerships with nations in the area.

U.S. Ambassador Anne E. Derse to Lithuania meets with U.S. Navy personnel including NHB's Hospital Corpsman Chief Keith Davis during Baltic Operations (BALTOPS) 2012 exercise. Davis was deployed with Black Sea Rotational Force (BSRF) 2012, part of approximately 350 Marine Corps and Navy Reservists operating as a Special-Purpose Marine Air-Ground Task Force. BSRF has handled crisis response capabilities from being forward deployed to the Black Sea, Balkan and Caucasus regions and participate in security cooperation to build military capacity, provide regional stability and develop lasting partnerships with nations in the area.

Davis worked as the Task Force Senior Independent Duty Corpsman and Senior Medical Department Representative for the Ground Combat Element out of Mihail Kogalniceanu Airfield, near the southern Romanian coastal city of Constanta.

"After almost four years of submarine duty and not having served with a Marine unit since 2000 was definitely a culture shock. I had to readjust to the Marine Corps way of life and procedures. But being able to keep Marines in the fight (training), from simply treating cold symptoms in (Republic of) Georgia where it was below zero or treating a laceration on the Baltic Sea beach during the first ever Marine Amphibious Landing in that region has been gratifying," said Davis, a Corvallis, Ore. native and 16 year Navy veteran, who has also coordinated medical coverage for combat training and live fire exercises and supervised and helped to instruct Combat Lifesaving techniques to soldiers from seven different countries. He has also coordinated the Medical Contingent Plan for Medical Evacuations with various countries and provided acted as medical liaison with International SOS.

Along with further honing his IDC skills on deployment, Davis has also enhanced his knowledge by being completely immersed with multiple Marine and Navy reserve units, Active Duty units, and military assets from Romania, Azerbaijan, Macedonia, Armenia, Lithuania, Georgia, and Israel.

"The biggest lesson I have learned on this deployment is understanding and patience. Contributing to the overall learning process with our junior reserve corpsmen on bringing strong leadership, experience, training and career development when deployed has been important also. Accomplishing our mission has taken the effort of all components working together."

Never was the overall mission of Black Sea Rotational Force 2012 more on display that during such specific missions as Exercise Agile Spirit 2012, Baltic Operations (BALTOPS) 2012 and Exercise Noble Shirley 2012.

The three training evolutions gave Davis and other the opportunity to practice on counterinsurgency and peacekeeping operations, communications, logistics, non-lethal weapon instruction, as well as intelligence and military decision-making processes, and non-commissioned officer development.

Agile Spirit involved more than 300 Marines with the Georgian Armed Forces in March to increase interoperability between the forces and exchange and enhance each other's capacity in counterinsurgency and peacekeeping

operations, including small unit tactics, convoy operations, and counter-Improvised Explosive Device training.

The annual Exercise Noble Shirley was held in July out of Tel Aviv, Israel, and was designed to exchange ideas, improve interoperability, understanding and cooperation between the Israeli Defense Force and United States military.

"Visiting Jerusalem was definitely an opportunity of a lifetime," Davis said.

BALTOPS 2012 was a memorable event for Davis. "Witnessing the first Marine amphibious landing in the Baltic Sea region was very surreal," he said.

Davis hoists a Heckler & Koch G36 assault rifle that is used by Lithuanian Armed Forces during a joint familiarization portion of Baltic Operations (BALTOPS) 2012 exercise.

Twelve countries participated in the 40th annual exercise held in early June that was an invitational joint and combined exercise designed to enhance multinational maritime capabilities and interoperability, and improve involvement in the larger Baltic region theater security cooperation strategy.

The amphibious landing highlight for Davis was on June 11, as he participated in the historical first of Lithuania having allied forces conduct a naval landing operation on their seacoast as part of the multinational exercise, including air, naval assets and ground forces from seven NATO members - Lithuania, Estonia, Latvia, Poland, the Netherlands, Germany and the U.S.

"Overall, so far the coolest as been working with soldiers from different countries, and exchanging ideas and lessons on combat, combat medicine and building relationships. I worked with soldiers from seven different countries and trained them in combat lifesaving techniques, such as teaching an Israeli paramedic how to conduct various medical procedures normally done by doctors but not corpsmen or medics. I think the training both in combat and combat lifesaving will help save soldiers' lives of those countries we work with for example when they go into Afghanistan to help fight the War on Terrorism," stated Davis.

Davis assists with target acquisition during marksmen training in the Republic of Georgia as part of Black Sea Rotational Force involvement in exercise Agile Spirit, that involved more than 300 Marines with the Georgian Armed Forces in March to increase interoperability between the forces and exchange and enhance each other's capacity in counterinsurgency and peacekeeping operations, including small unit tactics, convoy operations, and counter-Improvised Explosive Device training.

Davis also volunteered for the community relations event 'United Hands Across Romania,' where he helped set up and provide medical screenings, clothes, and toys in the city of Corbu.

"I evaluated 20 children for medical conditions ranging from common colds to allergies and dermatologic conditions," he said.

Davis attests his time has been singular and certainly uncommon. "It has been a unique experience to visit Eastern Europe and see a part of the world that is rarely frequented by U.S. Sailors and Marines.

"Visiting a war-torn country like Georgia and training their soldiers, then moving into Romania where we have trained multiple nations and then visiting Israel and seeing how a country under constant threat operates has made this an incredible deployment to say the least," exclaimed Davis.

Providing ship and shore support during Pacific Partnership 2012

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, from Aug. 2012 -- As USNS Mercy (T-AH 19) anchored off Cua Lo, Vietnam on July 10, for Pacific Partnership 2012 (PP12), one Naval Hospital Bremerton (NHB) corpsman has already worked with more cultures, visited more countries and helped more patients than he ever anticipated.

Hospital Corpsman 3rd Class Blake Hite is one of approximately 45 NHB doctors, nurses, hospital corpsmen and support staff augmenting the 1,200 member multi-national, multi-organizational, multi-specialized team of medical, dental, preventive medicine, veterinarians and engineering personnel for PP12.

“I have met some amazing personalities and have learned so much about so many different cultures it gets hard to keep track. From Australians to Dutch, Japanese to French, I have interacted with more cultures in the past two months than I probably will for the rest of my life,” said Hite, a Moss Bluff, La. native, currently assigned with Mercy’s Directorate of Nursing Services, Intensive Care Unit (ICU) as the Night Shift Lead Corpsman

PP12 began on May 1 and is the largest annual humanitarian and civic action (HCA) mission in the Asia-Pacific region that is expected to last approximately four and a half months. The main overlapping goal of PP12 is to use the HCA mission to bring together U.S. military and civilian personnel, host and partner nations, non-government organizations (NGOs) and international agencies to build stronger relationships and develop disaster response capabilities.

Indonesia was the first stop for this year’s HCA mission, with the PP12 team spending 15 days working and traveling between Sulawesi and three outlying islands of Sangihe, Talaud, and Siau.

“Indonesia was our first port to offer medical care in. There was a big learning curve that had to be met very quickly. Staffs from foreign militaries and NGO’s were brought up to speed on ship life and where equipment was located. We needed to train hospital corps staff who were working in an ICU for the first time, and maintain a steady patient flow. It was unique in that each night we sailed between islands where we had medical (and dental) civic action program (MEDCAP) teams screening patients,” related Hite, noting that the Mercy ICU is similar in capabilities with NHB in being able to take care of the most complex and high-risk patients in the hospital. “It

has been surprising for many people at the modernity of the technology aboard and the resourcefulness of the crew in conservation of supplies."

According to compiled statistics by PP12, more than 9,000 local citizens received medical evaluations and treatments in Manado, the capital city of the northern area of Sulawesi, and on the neighboring islands.

Nearly 200 surgeries were conducted, along with four major engineering projects handled, and veterinarian care provided for more than 2,300 livestock and pets.

After departing the Indonesian archipelago on June 15, USNS Mercy set sail for Samar, Republic of the Philippines and Hite continued to work nights in the ICU with the opportunity to work alongside more partner nations (Dutch and Australian).

"And I had my first MEDCAP, which was a pretty incredible experience. I went on MEDCAP #1 in the city of Calbayog. Between the trans-national teamwork and amount of energy demonstrated by all our staff I was truly impressed. We had to set-up a facility, treat patients, coordinate reliefs and lunches, and discharge well over 600 patients a day - no small feat that owes itself to no one person," said Hite.

"The Filipino military were excellent hosts and were eager to assist and take part in all facets of the mission. Most days we would be repeating the same task such as getting vital signs 100 times a day. It might have seemed monotonous at times, but when any one of us would step back at the end of the day and still see lines wrapped around the building with locals still waiting to receive treatment, it really put it in to perspective for us."

One particularly gratifying experience for Hite was when his MEDCAP team had an extremely rare medical case of fetus in fetu present itself (on Samar). "Being able to see the child walk again after such a life changing surgery was very rewarding," he said.

Hospital Corps Moments

Whether it's a trio of 'Plank owners' strengthening their core, or singularly testing their grip, NHB's Physical Therapy (PT) held an open house on Oct. 25, 2013, for command staff as well as patients with interactive stations, static displays and demonstrations to showcase their department. PT helps patients improve their mobility and function after surgery. The staff evaluates, educates and treats musculoskeletal ailments and disorders, and provides support for referred patients to recover, recuperate and rehabilitate. "Our goal is to increase awareness and working actively with all patients by educating them what is wrong, and provide one-on-one teaching on the steps they need to take to continue whatever their goal may be such as rehabbing from surgery, or lessening a specific pain, or increasing their mobility," said Hospital Corpsman 2nd Class Kyle Hewitt, adding helping to alleviate physical discomfort and mitigate pain are the daily principles that take place in Physical Therapy (Official Navy photo by Douglas H Stutz, NHB PAO)

Are the roots of all the moustaches a Corpsmen Conspiracy?... It could be looked upon that way as NHB staff members—including many corpsmen— convene to show their support for recognizing the 2013 month of Movember for Men's Health Awareness...(Official photo by Douglas H Stutz, NHB public affairs officer)

Corpsman Courage and Combat Care - Bronze Star with Combat V presented to Naval Hospital Bremerton Hospital Corpsman

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, from Oct. 2013 - Running 300 meters, just under the length of a flight deck, is one thing. Legging that distance out across improvised explosive device (IED) laden ground as a target for small arms fire to save the life of a severely wounded soldier is quite another.

That's exactly what a hospital corpsman on deployment to Afghanistan did on July 19, 2011.

Hospital Corpsman 2nd Class Michael Marchante, currently assigned to Naval Hospital Bremerton, was involved in combat operations searching for enemy locations when a soldier from the Republic of Georgia stepped on an IED in a wadi (dry streambed) in southern Helmand Province. Marchante immediately ran to save the life of the badly wounded platoon commander. He promptly applied tourniquets and pressure dressings to staunch the rapid blood loss while coming under heavy enemy gun fire. With the bullets flying all around, he shielded the casualty with his own body and continued to provide life-saving medical care.

For his actions on that day, Marchante was recognized with the Bronze Star medal with Combat Distinguishing Device during an award ceremony at NHB, Oct. 25.

"It was just something that came naturally. As soon as I heard the blast, my training kicked in and I ran to provide medical care. I was the only corpsman there, and that's what we do," said Marchante, understating the surrounding dangers of his involvement.

"What he did doesn't surprise me at all. He's a very humble, hard-working and reliable corpsman," commented Hospital Corpsman Chief Philip Nacionales, Director for Nursing Services leading chief petty officer.

The day began with Marchante, a Murrieta, Calif. native, part of a mounted Marine patrol from Patrol Base Didgori that linked up with the other coalition forces to participate searching a specific area that was known to provide the enemy with firing positions. After Marchante's group established a western vantage point in the area in question, they soon came under sustained small arms fire. Meanwhile, elements of the 33rd Georgian Light Infantry Battalion were actively sweeping for reported IEDs in the area. The soldiers were moving back to their vehicles when the scout platoon commander stepped on a pressure-plate IED. The subsequent blast hurled him into the air, amputated his right leg, and peppered his other lower extremities with shrapnel.

Marchante immediately grabbed his medical kit bag and followed his team leader and two Marine explosive ordnance disposal technicians as they quickly swept a safe path through the threat of secondary and tertiary IEDs to the wounded soldier. Once Marchante reached the severely wounded Georgian, he immediately came under small arms and heavy machine gun fire.

Witnesses note that the volume of fire was heavy for the first two to three minutes with rounds landing within inches of Marchante as he focused his complete attention on saving the life of the soldier in front of him. Without regard for his own safety, Marchante instinctively used his body to shield the casualty. While initially positioned at the foot of the casualty, he then pivoted, exposing his back to enemy fire while he knelt over the casualty to continue to provide protection as he rendered the needed critical care. As the enemy fire continued, other coalition personnel went prone to avoid it, but Marchante remained in his kneeling position to continue to provide vital emergency care.

He applied tourniquets to both legs and several pressure dressings to stop the heavy blood loss. After the Marines positioned a Mine-Resistant, Ambush Protected (MRAP) vehicle to shield the casualty and Marchante, that ended the incoming gunfire threat.

By that time, the bleeding had stopped and Marchante assisted in loading the casualty into the vehicle which was then used to transport to a hastily-setup helicopter landing zone.

Marchante continued to provide medical aid in the MRAP and up to the point the casualty was handed off to the crew of the Medical Evacuation helicopter.

Throughout Marchante's deployment, his medical assistance was officially documented to be directly responsible for preserving the lives of 14 Georgian soldiers.

The summary of action on his award for the Bronze Star asserts that 'his courage under fire, his care for his fellow man, and his proficiency as a corpsman were inspiring to witness.

For the impact he made on the 33rd Georgian Light Infantry Battalion and his heroic actions on July 19 in which he prioritized the care of a wounded coalition partner above his own personal safety,' he was recommended for the Bronze star with Combat Distinguishing Device.

"The Marines I deployed with, Army medics and other corpsman in Afghanistan and elsewhere… this is what we do. I didn't think I did anything special, except my job. When I transferred from Camp Pendleton to here, I was told about being put in for an award, but I didn't think much about it. It's very humbling and overwhelming. I wear this medal for all the corpsmen," Marchante said, at the time attached to Supporting Arms Liaison Team Delta, 1st Air Naval Gunfire Liaison Company, Headquarters Group (Forward), 11 Marine Expeditionary Force (Forward) from May 15, 2011 to Dec. 4, 2011, with the mission to provide support to a few isolated patrol bases manned by soldiers of the Republic of Georgia.

"Marchante displayed courage in the face of the enemy while under fire, and his actions undoubtedly saved the life of the scout platoon commander that day," stated U.S. Marine Corps Capt. S.A. Stewart, team leader, who witnesses the actions.

Staff Sgt. L.J. Mathews, team leader for the Marine EOD response unit, noted that Marchante consistently exposed himself to enemy fire in order to provide medical assistance to the casualty.

"His decisive actions saved the life the Georgian scout platoon commander and are deserving of recognition for valor," affirmed Mathews.

Overall during that time, Marchante conducted over 100 combat patrols and 50 convoys in support of the 33rd and 31st Georgian Light Infantry Battalion. He established himself as the most knowledgeable medical provider for over 400 Marines, Georgian soldiers, Afghan National Army soldiers and Afghan interpreters.

Along with being continually sought out to provide medical care ranging from scorpion stings to gastrointestinal concerns, Marchante also mentored and tutored the Georgian medics.

He also rendered medical care to local nationals, including treating one child suffering from an open fracture.

Because of that care and compassion, he helped strengthen the relationship between the Georgian soldiers and the local residents, considered one small victory in the difficult counterinsurgency fight.

As were his efforts on July 19, 2011.

Naval Hospital Bremerton Observes POW/MIA Recognition Day

By Douglas H Stutz, NHB public affairs officer -- Naval Hospital Bremerton remembers Prisoners of War (POW) and those Missing in Action (MIA) in a ceremony Sept. 20, 2013.

The bell solemnly tolled five times.

Once for Prisoners of Wars (POW).

Once for those Missing in Action (MIA).

Once for casualties of 9/11.

Once for the recent victims of the Washington Navy Yard shooting.

Once for all others and their families.

The tolling was part of NHB's POW/MIA Recognition Day ceremony to honor the fallen and missing members of the nation's armed services and pay tribute to their sacrifice.

"We here to pay our deepest respect to our brothers and sisters who are never forgotten as a POW/MIA," said Hospital Corpsman 1st Class Morgan Notel, master of ceremony for the event.

"Let this day be dedicated to those who gave everything and be forever memorialized," Lt. intoned Shawn Redmon, Pastoral Care chaplain, who then called for the bell ringer to stand by.

"Ring one bell in honor of those who were taken as prisoners of war by the enemy and suffered under cruel conditions," Redmon said. "God grant them peace. Ring one bell in honor of those who were declared missing in action, yet never found. God, embrace them now. Ring one bell in honor of those who were lost, injured, and affected during the terrorist attacks on September 11, 2001. God grant them peace. Ring one bell in honor of those who were lost and injured during the recent shooting at the Washington Naval Yard. God, grant them peace. Finally, ring one bell for all others and their families who have sacrificed and given themselves for the cause of freedom. God, grant them peace."

For Esperanza Baux, POW/MIA Recognition Day is more than just remembering - it's also a 'what if?' Baux lost her younger brother in 1971 in Vietnam when he was just 21-years old.

"He came back in a coffin that we weren't allowed to open and actually see in," Baux said. "We never actually saw an actual body. I always wondered what if he wasn't there or it was someone else."

Tribute to the POW/MIA legacy is strongly supported at NHB. There is a formal commemoration display on the centrally located Third Deck in honor of nine hospital corpsmen listed as a POW/MIA.

The nine are all from the Vietnam War, forming a hallowed time-line of Navy Medicine involvement from the early 1960s to the end of the decade.

There is Hospital Corpsman 3rd Class Manuel Reyes Denton, part of a helicopter crew in Oct.8, 1963, that went down in mountainous terrain which was then hostile territory, approximately 43 miles west of Dan Nang in central Vietnam.

There are two medical personnel lost on the same tragic day, along with 24 others on Oct. 2, 1969. Hospitalman Donald Chester Dean and Hospitalman Roy Gillman Fowler were on a C-2A 'Trader' that was inbound to the USS Constellation, then on station in the Tonkin Gulf off the coast of Vietnam. The plane dropped off the radar screen when about 10 miles in. Although the helicopter rescue crew sighted an oil slick and debris, none of the 26 crew and passenger bodies were found.

The command also has a table set aside to honor POW/MIA in the Terrace Dining Facility. It's a small table, which occupies a place of dignity and honor near the head table. It is set for one, which symbolizes the fact that members

are missing from our ranks. They are referred to as POW's and MIA's but called them comrades by members of the armed forces.

"They are unable to be with their loved ones and families tonight, so we join together to pay our humble tribute to them, and bear witness to their continued absence," read Hospitalman Jon Goudreau. "This table, set for one, is small, symbolizing the frailty of one prisoner, alone against his or her suppressors.

The tablecloth is white, symbolic of the purity of their intentions to respond to their country's call to arms.

The single red rose in the vase, signifies the blood they many have shed in sacrifice to ensure the freedom of our beloved United States of America. This rose also reminds us of the family and friends of our missing comrades who keep the faith, while awaiting their return.

The yellow ribbon on the vase represents the yellow ribbons worn on the lapels of the thousands who demand with unyielding determination a proper accounting of our comrades who are not among us tonight.

A slice of lemon on the plate reminds us of their bitter fate. The salt sprinkled on the plate reminds us of the countless fallen tears of families as they wait.

The glass is inverted - they cannot toast with us this night.

The chair is empty - they are not here.

The candle is reminiscent of the light of hope which lives in our hearts to illuminate their way home, away from their captors, to the open arms of a grateful nation."

Capt. Christopher Quarles, NHB commanding officer, noted that since World War Two, there are approximately 83,000 American service members who have been listed as POW/MIA.

"We are a nation that keeps our promise, especially to those who wear the cloth of our nation," Quarles said. "For those still unaccounted for, we are still looking for them. We remember. Full accountability is our promise. Holding this remembrance ceremony today reminds us of what our families go through. Our staff has done a great job in coordinating this event."

Staff members taking part in the event included Hospitalman Second Class Rashad Richardson who read the Presidential Proclamation for National POW/MIA Recognition Day, 2012.

"For more than two centuries, Americans have bravely served our nation as members of our armed forces," Richardson said. "Many have made profound sacrifices to uphold the ideals we cherish, carrying wounds that may never fully heal and dark memories that will never fade. Today, we pay solemn tribute to service members who bore war's tragic costs as prisoners of war and those missing in action. We stand with the families who have known the lingering ache of a loved one's uncertain fate. And as a nation, we reaffirm a most sacred obligation: that we must never forget the men and women who did not come home, and that we must never stop trying to return them to their families and the country they fought to protect."

"As long as members of our Armed Forces remain unaccounted for, America will bring our fullest resources to bear in finding them and bringing them home," Richardson continued. "It is a promise we make not only to the families of our captured and our missing, but to all who have worn the uniform. Our Nation continues to recover the remains of fallen heroes we lost in the Vietnam War, the Korean War, World War II, and other conflicts. And as these patriots are finally laid to rest, we pray their return brings closure and a measure of peace to those who knew and loved them. During this day of recognition, let us honor their sacrifice once more by expressing our deepest gratitude to our service members, our veterans, our military families, and all those who have given so much to keep our country safe."

Anchors Aweigh – new Chiefs pinned at Naval Hospital Bremerton

By Douglas H Stutz, NHB public affairs officer (From Sept. 2013) - For Oscar Baldevia, the ceremony completed on Friday, Sept. 13, 2013, held no ominous or alarming notions, just mixed feelings of relief, honor and completion of achieving a Navy milestone like no other.

Baldevia, along with four other staff members, became the newest Chief Petty Officers of the United States Navy assigned to NHB. They received their anchors with a formal pinning ceremony held in front of friends, family, and co-workers.

There was even a visiting reunion tour group of approximately 50 retired American Association of Navy Hospital Corpsmen, who had served in WWII, Korean War and Vietnam War in attendance.

Hospital Corpsman Chief (Fleet Marine Force) Oscar Baldevia, Information Technician Chief (Surface Warfare) Joshua Ebright, HMC (Surface Warfare/Aviation Warfare) Brent Pope, Interior Communication Electrician Chief (Surface Warfare) Lloyd Smith and HMC (Fleet Marine Force) Cameron Wink were recognized for their transformation from a Navy first class petty officer to chief as part of the 120th Navy-wide pinning ceremonies.

Newly pinned Chief Hospital Corpsman (FMF) Cameron Wink, along with four other new Navy chief petty officers assigned to Naval Hospital Bremerton, receive well-wishes from friends, family and co-workers during NHB's CPO Pinning Ceremony on Sept. 13. Also providing hearty congratulations were members of the American Association of Navy Hospital Corpsmen reunion group, who visited and toured the command that day (Official Navy photo by Doug Stutz).

“This is a special day. The chiefs are the core of the Navy and our new chief petty officers will be part of the legacy of developing those following them,” said Capt. Christopher Quarles, NHB Commanding Officer.

“This has been a great day in my life for me and my family. It’s also been a tiring, fulfilling and long six weeks. But it’s all been worth it,” said Baldevia, adding that now he is officially a Navy chief, he can again return to sharing duties with his wife, Maresa, also on NHB staff. “She’ll be very happy that we will be back to our normal routine of house and work rounds.”

The manner of promotion to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces. In the Army, Air Force and the Marine Corps, an E-6 becomes E-7.

In the Navy, each eligible Sailor for chief are required to be selected by a ranking and selection board composed of master chiefs who actively chooses the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders. To signify the new leadership position to the rank of Chief Petty Officer, the time honored tradition of the chief’s pinning was created at the pay-grade’s inception in 1893.

“For 120 years, our Navy chiefs have lead and advised, as will our new chiefs who join the mess today. They will use their experience and knowledge to train those who are following them. That is one of their most important duties as a chief. They must be a leader to their Sailors and a source of Navy knowledge and professionalism to their officers. They all know and have heard the following, ‘where’s the chief?’ ‘Ask the chief!’,” said Command Master Chief Douglas George, who received his Navy Chief anchors 20 years ago and will retire in 2014 after 30 years on active duty service. “Our values and standards have never changed. Our dedication to our Navy and to our Sailors has never faltered or buckled under pressure. Chiefs ensure every Sailor is ready, every Sailor is accounted for, and every Sailor receives the guidance they need.”

“The ceremony was first rate. It was great to be able to be part of,” said retired hospital corpsman and World War II veteran Henry Huber, a Pennsylvania native who was part of the visiting American Association of Navy Hospital Corpsmen reunion group. Huber landed with Marines on Guam and Okinawa, as well as on the Korean Peninsula and China after the surrender of Japan in late 1945.

Branch Health Clinic Everett Corpsman Shares on Casualty and Combat

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer (From August 2013)-- When Vice Adm. Matthew L. Nathan, Navy Surgeon General and Chief, Navy Bureau of Medicine and Surgery, addressed Sailors at NHB in early August, 2013, he commented that hospital corpsmen have continually proven themselves during times of war as well as during times of peace.

Navy Medicine is in the readiness business, remarked Nathan, and keeping Sailors and Marines fit to serve is the top priority.

Hospital Corpsman 3rd Class (Fleet Marine Force) Steven Foley of Branch Health Clinic Everett epitomizes Navy Medicine support of the warfighter.

Especially to those wounded in action.

Foley was deployed April to October 2011, in the volatile Sangin area of Helmand Province in southern Afghanistan providing assistance to wounded civilians, police and Marines and as an advisor working and conducting training with Afghan uniformed Police counterparts.

On July 25, Foley was formally recognized for doing his utmost to help a fallen Marine in the heat of battle. He has not shared his experience with anyone besides his wife until now. Yet he realizes that there are other corpsmen following who need to be aware that the immediate need for medical care on the battlefield can happen on any patrol, to any team member, after any footstep.

His chronicle is a vivid reminder of Navy Medicine's mission of readiness, under extreme duress.

It was on June 21, 2011, under heavy enemy fire, that Foley provided emergency medical treatment to a fallen Marine wounded by an improvised explosive device (IED). He moved the injured Marine to safety under enemy fire. With his position still under enemy fire, Foley stayed by the side of the downed Marine to assess and treat the wounds until his patient could be safely evacuated. It wasn't the first time he had been under fire and because of the fallen Marine this experience was not easy to share with others.

"We had moved out to a remote patrol base for a couple of days to conduct clearing operations in a nearby village that hadn't really been visited by International Security Assistance Force (ISAF) personnel before. On foot patrol, I was a part of a Marine team with Afghan National Police (ANP) leading the way as they knew the area," recollected Foley. It was when they were alongside a compound wall that one of Foley's teammates was struck by a remote-controlled IED.

The blast tore into the Marine, severely injuring him. For Foley, it wasn't his first combat casualty to handle, nor

Hospital Corpsman 3rd Class Steven J. Foley is recognized for his efforts in southern Afghanistan with the Navy and Marne Corps Achievement Medal with Combat Distinguishing Device by Capt. Brent Kelln, NHB Director of Branch Clinics at Naval Branch Health Clinic Everett on July 25, 2013 (Official Navy photo).

was it his last.

"I was behind my friend in the patrol so waited for the minesweeper to clear a path so I could get to him. When I reached him, I immediately placed two tourniquets on each leg to control life-threatening bleeding. Then, with the help of another Marine, we moved him to a safer location away from the blast site," said Foley, explaining that as soon as they had reestablished themselves, a 360-degree security perimeter was set up and none too soon for they began taking small arms fire from two directions.

"My Marines and police returned fire. While this exchange was taking place I continued assessing my friend. He was unconscious but breathing with a strong pulse. As I was placing a secondary airway, rounds began impacting a few feet from my position. I spent the next few minutes lying on top of my patient to shield him as my Marines expertly neutralized the shooters located at the top of a hill," Foley said.

"When I first saw my friend in the condition he was in, I was numb with shock," continued Foley. "I stood there for only a couple of seconds before the shouting of my teammates brought me back. Instead of my friend, the young Marine was now my patient. I treated him with the intensity and urgency I had with every other combat casualty. I relied on my training, trusted my instincts and used every bit of knowledge and equipment I had. In those moments while treating someone, the rounds impacting nearby are nothing to worry about. A brief thought passes by that says, 'You've got body armor on. You are surrounded by the most dangerous Marines on the planet. You do your job. They'll do theirs.' Nothing comes before taking care of that patient. It would be impossible for me to do my job if I didn't know that my Marines were putting their lives on the line to keep us safe so we could get the patient out of the danger area safely."

Foley noted that he had been shot at before. "It is a scary feeling, knowing that someone within eyesight is trying to take your life. But this thought is fleeting. After the first shot, adrenaline overwhelms the senses. Noises dull, pain becomes silent and the only thought is to do exactly as you were trained."

Almost instantaneously after the Marine was struck, a casualty evacuation (CASEVAC) order was sent out for helicopter support from Camp Leatherneck.

"Once the helo was on the ground, we rushed the patient over to the loading ramp. I gave a brief pass-down to the medical crew onboard and then watched as the aircraft lifted and flew away. As soon as it was out of sight, the gunfire ceased. We collected all of my Marine's gear (flak, weapons, optics) and patrolled back to the patrol base, awaiting word. An hour after returning, we received the call that my patient's internal bleeding had been too great and he had passed shortly after arriving at Bastion Hospital aboard Camp Leatherneck," said Foley.

Immediately after learning of the loss, Foley and team members held an impromptu remembrance which included their new captain, and then shared with the battalion commander during patrol responsibilities the next week, followed by a formal ceremony held at the battalion's main forward operating base, FOB Jackson.

"A couple days after the event happened I was called in by my battalion surgeon and chief to talk, as was proce-

dure after any casualty evacuation patient," Foley recalled. It was also therapeutic to connect with home.

Home for Foley is Federal Way, Wash., except of course when he was assigned to Police Advisor Team 1, Headquarters and Service Company, 1st Battalion, 5th Marines, Regimental Combat Team 8, 2D Marine Division (Forward), II Marine Expeditionary (Forward) from April to October 2011 in support of Operation Enduring Freedom.

His primary overlapping role with Police Advisor Team 1 was to provide the necessary preventive and combat medical care, to the Marines, as well ANP, and also train them in tactical medicine.

Daily life outside the wire was a challenge and could prove to be difficult even in the best of times.

"When we arrived in Sangin, I wanted to make the quality of life better for as many people as possible, which we partly achieved by establishing and training an autonomous clinic for the locals," related Foley, adding that it was always gratifying to provide medical care for his Marines.

"When I received care packages and letters from grateful wives and parents, I felt like I had a real purpose. Also, when locals were legitimately grateful because we had fixed a simple issue, it gave us hope that our presence in that area would have a lasting positive effect."

On a daily basis, Foley would go on patrol as part of a team comprised of infantrymen, ANP, and another corpsman throughout the district to such locales as the bazaar, district center and outlying farmlands.

"My role was to move as a member of the team from point to point. When we would arrive at a police checkpoint I would address any medical concerns the police might have. Essentially I would move with my Marines as a Marine until someone needed medical attention," Foley said.

That ability to immediately respond, and turn a few bewildering seconds into competent action are the by-product of training that Foley received prior to, and during his deployment.

"I would tell future corpsmen to train, train and then train. When everything happens, all reasonable thought is abandoned and all that's left is instinct. When you train to the point that it becomes instinct, you've arrived. Every time I was in a dangerous situation, I was actually able to stay calm because I let my training take over. If training is not taken seriously, you have nothing to fall back on," said Foley.

"The Navy and Marine Corps make sure that every single scenario is drilled into your head. Every day I learned something. I still have more to learn. Because of my constant repetitious training, people were able to go home to their families," continued Foley. "Sometimes people cannot make it home, and that's the part they can't train you for."

Foley stated that the Field Medical Service Battalion (now known as Field Medical Service School), a basic course that prepares a corpsman to be with the Marines provides excellent training.

"The next best training is experience. Two years in the emergency room and over a year of field time with the Marines gave me the chance to see and treat virtually every type of injury and illness possible," Foley said.

The additional insight that Foley shared about his deployment is that he learned to direct his complete focus on the duties and responsibilities of his team. He is still in contact with members.

NHB Navy chiefs, past and present, honor the 120 years of senior enlisted leader legacy...

Hospital Corpsmen Heritage Run/Walk an Exercise in Remembrance

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, June 2013 -- In conjunction with the upcoming 115th Navy Hospital Corps birthday for 2013, Naval Hospital Bremerton held a 115 Mile Hospital Corpsman Heritage Run/Walk on May 25 to honor those corpsmen who have served and continue to serve since 1898.

Participants were asked to run and /or walk for a 'Hospital Corpsmen Warrior' such as a Medal of Honor recipient, a corpsmen killed in action during Operating Enduring Freedom and/or Operation Iraqi Freedom, a currently deployed corpsmen, or even a Purple Heart recipient currently on the staff.

SAFETY
Navy Hospital Corpsman 2nd Class
Anthony M. Carbullido
Died August 8, 2008 Serving During Operation Enduring Freedom
25, of Agat, Guam; assigned to the Naval Hospital Corps School in Great Lakes, Ill.; died Aug. 8, in Sangatesh, Afghanistan, from injuries sustained when his convoy vehicle hit an improvised explosive device.

"The goal was to achieve a minimum of 115 combined miles to honor the 115 years of the Hospital Corps, and honor our fallen heroes," said Hospital Corpsman Senior Chief Arne Marin, prime organizer of the Heritage Run along with members of the Hospital Corps Ball Committee, also noting that during 2012 three more hospital corpsmen were lost.

The numbers for themselves; Total hours of running: 4 hours, 20 minutes; Total miles completed: 159; Total donations received: $580.00; Total runners: 23 with the youngest at age seven and the most 'seasoned' at 58 years old.

Taking part in the event was Hospital Corpsman 2nd Class Jonathan Waters, one of three NHB corpsmen who have received the Purple Heart, along with Hospital Corpsman 1st Class John Strough, assigned to Branch Health Clinic Everett; and HM2 Derek Richey attached to Branch Health Clinic Puget Sound Naval Shipyard.

There is another former-corpsman, Ensign Ryan Gallant, currently a Navy Nurse Corps officer working in NHB's Multi-Service Ward, who also received the Purple Heart for wounds received during his second deployment to Iraq on April 5, 2004.

Marin proposed the 115 Mile Hospital Corpsman Heritage Run/Walk as a interactive way to connect to the legacy of someone just like Gallant, who shared his deployment experience and Purple Heart narrative.

During his deployment from March 11 to August 1, 2004 while serving with 1st Section, Combined Anti-Armor, Team Blue, Weapons Company, 3d Battalion, 7th Marines Regimental Combat Team 7, 1st Marine Division, Gallant found himself deep in Anbar Province, Iraq. His unit was assigned to patrol Al Qa'im, a town situated near the Syrian border by the Euphrates River with a reputation of being part of a smuggling route and a refuge for foreign fighters. There were many border crossing screenings that were part of the duty. On one desert patrol, when moving on to a higher elevation, Gallant and others had dismounted from their vehicles to seek and detect improvised explosive device(s).

It was during that time when one of the vehicles hit a double-stacked anti-tank mine. The ensuing blast and shrapnel resulted in five casualties along with Gallant, who suffered wrist and ulna fractures. Several were MEDEVAC (medical evacuation by helicopter) due to more serious injuries. No one died. Gallant stayed, helping to treat the other casualties.

"I must have been knocked out and thrown about 15 feet. When I came around I didn't feel any pain, but did notice that my cammies were wet (with blood). With my wrist and arm splintered, my Marines and I managed the others. During that time, running over mines was almost a common experience. Still, we were lucky that we didn't lose anyone. We very carefully picked our way out of there," Gallant said.

Gallant's Purple Heart citation and accompanying information note that he was near his vehicle when it struck the double-stacked anti-tank mine, causing two critical casualties. The blast knocked him unconscious with shrapnel wounds. After quickly recovering, he began treating the casualties to stabilize them for evacuation, wrote Maj. Gen. Richard F. Natonski, 1st Marine Division Commanding General.

Just several days earlier, Gallant's reconnaissance team was ambushed on March 31 by an improvised explosive device with one urgent casualty. When he arrived on scene, the Marine had stopped breathing. Recognizing the signs of a sucking chest wound, Gallant resuscitated, stabilized, and saved the Marine.

A year earlier, Gallant was providing similar medical support for wounded Marines in Iraq as a general duty corpsman from March 21 to August 1, 2003 with the Headquarters and Service Company, 3rd Battalion, 7th Marines, 1st Marine Division. He was cited for his efforts during combat operations to a wounded Marine who had stepped on a land mine and had life-threatening injuries. He immediately ran through the unknown minefield to the severely injured Marine to provide medical care, as well as provided assistance in helping to treat other wounded Marines until they were all evacuated to higher echelons of care.

"I didn't have much time to think deeply about what just happened. The training kicked in and I reverted back to what I had learned," Gallant said.

"Gallant served as a basic rifleman, logistical security team, traversing through multiple treacherous terrains to provide guardian angel support to protect Marine and Sailors of the Log Train," wrote Lt. Col. M.A. Lopez, U.S. Marine Corps Commanding Officer, on Feb. 15, 2005.

Gallant initial deployment was a complete surprise, pulling him out of Branch Health Clinic Port Hueneme to Camp Pendleton before heading to the Middle East battlefield. He didn't have the luxury of attending the Tactical Combat Casualty Care (TCCC) training, which is now a preparatory requirement within 90 days of any corpsman deploying as an Individual Augmentee. But he did have emergency medical technician/field medicine training, and once deployed Iraq gave him daily on-the-job training.

"I went through the Combat Life Saver course, along with training in security escorting, quick reaction force training, roadway and search support training. I got a little bit of everything," said Gallant, adding that every corpsman should constantly and continually increase their knowledge at every opportunity.

"A corpsman can be pulled at anytime, anywhere, to do anything, and we have to be ready. It's our obligation to be ready when that call comes. I recommend every corpsmen learn as much as you can now. Take as much training as you can, then pass along what you know to your Marines. They're your second hands," Gallant said.

Although it has now been almost nine years removed from being wounded in Iraq, and his uniform insignia is now the Navy Nurse Corps single oak leaf instead of the Hospital Corpsman caduceus, it's the Purple Heart ribbon that brings attention. Almost every beneficiary that served during the Vietnam War and/or Korea War that Gallant currently treats always notices it. The Purple Heart ribbon is part of his legacy of upholding the Hospital Corpsman creed and unspoken bond of treating their fellow injured and ill service members.

"When any older patient asks me about the Purple Heart, I share with them and they share with me. Our older generation from our previous wars really knows what a Purple Heart stands for," Gallant said.

Especially when earned by a corpsman, for many have paid the ultimate sacrifice in upholding their duty.

The Hospital Corps is the only enlisted corps in the military and is also the most decorated group of enlisted men and women. Since being established on June 17, 1898, corpsmen have been recognized with 22 Medals of Honor, 174 Navy Crosses, 31 Distinguished Service Medals, and 946 Silver Stars. There are 22 ships named in their honor. Branch Health Clinic Everett honors one of the Medal of Honor recipients by being named The David R. Ray Health Center, Naval Station Everett. There are currently 486 HM's stationed at Naval Hospital Bremerton – with 10 forward deployed not counting Pacific Partnership 2013 - out of nearly 25,500 on active duty, and another approximately 640 on Reserve Full time Support strength.

Navy Medicine West Support Spans the Pacific

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer (From May 2013) -- From one naval hospital to another, help was just an ocean crossing away to ensure continuity of service involving Pharmacy services, March 10 to 29, 2013.

As U.S. Naval Hospital Okinawa retired the colors during the decommissioning ceremony of the command on Camp Lester March 26, Naval Hospital Bremerton's Hospital Corpsman Chief Lourdes Angevine had already invested several weeks into helping completely relocate and open the entire Pharmacy. The new Pharmacy went live on March 16 at the replacement facility, USNH Okinawa located on Camp Foster.

"I just transferred from USNH Okinawa to NHB five months ago. During my entire tour there, I was a member of the transition committee representing the Pharmacy. I was involved in the planning of equipment and furniture set up as well as the transfer of pharmaceuticals/supplies to the new pharmacy," said Angevine, NHB Pharmacy Leading Chief Petty Officer, explaining how she was tapped to help in handling the relocation of the hospital's pharmaceutical supplies.

Angevine brought her 18-plus years of pharmacy operations experience as well as Navy chief organizational skill in helping to ready the new and shut down the old.

"I provided input on medications set up, work flow and patient flow. These are very important factors in the smooth operation of a pharmacy," Angevine said, who was stationed at the USNH Okinawa Pharmacy 1998-2001. Along with her leadership role, Angevine helped stock approximately 1,700 pharmaceutical line items, trained junior technicians in the operation of the robotic dispensing system and made sure all the varied equipment was working and in place to service the first customer.

Angevine noted that over the course of the initial five days of the move, the Pharmacy team was putting in 12 to 13 hours a day to ensure that they were prepared to provide for patients on the sixth day.

"We worked 12 straight days because there were so many medications to sort and put on the shelves. Plus, we had to clean the old pharmacy as well," relayed Angevine, adding that the most difficult part of the evolution was making sure every medication listed in stock was accurate and all labels are printed for the shelves.

"If there were any missing labels as we came across any medications, we had to shift everything to correct, and you are talking about thousands of bottles of medications," said Angevine.

Angevine's professional Navy Pharmacy knowledge combined with her personal experience from being stationed at USNH Okinawa team made her a perfect fit to contribute to the smooth transition in assisting the Pharmacy team in meeting the operational timeline.

"I had not done anything like this before. I am grateful to USNH Okinawa and NHB for giving me the opportunity to be a part of the actual transition. I was involved in the planning stage and to be able to come back and actually see and help with the new place was great. It was fun being reunited with my Sailors and the whole pharmacy staff. The most gratifying part was when we were able to serve customers on the day we were scheduled to open, even as we handled some minor technical problems. We knew that we were up and running," Angevine said.

Robin Williams And 47 Shipmates, Suicide Takes A Toll

By Douglas H. Stutz, Naval Hospital Bremerton Public Affairs

Navy Medicine is recognizing September as Suicide Prevention Month, but the death of actor and comedian Robin Williams has brought the devastating act to the forefront of our emotions.

When Williams was pronounced dead by suicide, the loss of such an enormous talent and ardent supporter of our military was felt by many who thought they had just lost a shipmate, because in a way they had.

When assigned to Joint Task Force Southwest Asia in 2002-03, I traveled from Prince Sultan Air Base, Kingdom of Saudi Arabia to several locales down range and unbeknownst to me at that time, Williams had already been boots on the ground and was coming back again.

I didn't get to see him, but for those who did, his infectious humor gave them a jolt of remembering what it was like to be able to laugh and smile, traits not easy to come by at that time north of the Hindu Kush while serving in a unforgiving land wracked by decades of war.

I saw scattered Army, Air Force and Navy personnel who had the opportunity to see Williams in November 2002. They were a hardened, distinct collection who were undertaking deployments a long way from more than just home, working out of such places as Bagram Air Base, Afghanistan; Karsi-Khanabad, Uzbekistan and Ganci Air Base, Kyrgyzstan.

Williams' gift of comedy was an offering of selfless sharing and manic inclusiveness. His performances talked directly to those in uniform, almost as if he was encompassing and articulating all the random and ribald thoughts we had. It was as if he was one of us, and we were part of him.

Classic Williams: "We're here at the third hole of the Afghan Open," he shared in a television golf announcer's muted tone. "We can't play the tenth hole, because it's still mined." Several days after Thanksgiving that November, there was the inaugural Mine Field Marathon at Bagram. Perhaps the course coordinators were channeling their inner-Robin Williams. Instead of a traditional starter's pistol to commence the run, they detonated a mine to begin the event.

I didn't know Williams as much as I knew of him. I knew he gave willingly of his comedy gift to help others cope when stationed so far away from home. There are old-hands who perhaps relate his death to the same shock as hearing that Adm. Jeremy M. Boorda, then Chief of Naval Operations, and the first Sailor to rise from the enlisted ranks to the Navy's highest position, had taken his own life.

That shock is mixed with sadness at the almost-numbing loss.

There's also a feeling of profound frustration of someone taking their own life ... before their time. And Boorda and Williams are two headliners in their own right. What about those we've lost who are without the blue tile or red carpet?

There have been 39 active duty Sailors so far this year, and eight Selected Reservists. Don't need an abacus to tally that total of finality.

If it's above zero it's too many.

So suicide is what depression and other underlying causes can potentially end up doing to someone? And if so, what can we do if we sense someone is seriously bummed?

Lt. Shawn Redmon, Naval Hospital Bremerton chaplain states that simply reaching out to someone about anything can shake a sad person from their confusing and unstable foundation and provide them support to stand on.

"I really hope everyone realizes that a simple act of kindness can make all the difference in the world to someone who's hurting. Don't ever be afraid to say something to someone," said Redmon.

Sometimes we can feel completely carried away...

If anyone encounters anyone showing extensive signs of depression with a possible risk of suicide, to remember to ACT, an acronym for Ask, Care, and Treat.

- **Ask - ask someone if they are thinking of suicide.**
- **Care - listen, offer hope, and not be judgmental.**
- **Treat - don't leave a suicidal person alone and get assistance.**

"What can we do to help? In most cases there is nothing we can 'do,' rather what is required of us is to simply have a willingness to be present with a person in his or her pain. I once had a patient who really put depression into perspective for me. She said she felt like she was sitting at the bottom of a deep dark pit and everyone was throwing live preservers down to her. The only problem was that the rope was always too short or no one was strong enough to pull her out. She didn't need a savior. What she really needed was for someone to climb down into the darkness and be with her until she was strong enough to climb out by herself," shared Redmon.

The Navy's Suicide Awareness website notes that one in five people will experience at least one episode of major depression in their lifetime. It's up to all of us to help make a difference. As was the case with Boorda, now Williams, and the 47 of our shipmates lost-forever already this year, any suicide is one too much. Don't wait or hesitant to make a difference.

Suicide Prevention resource sites:
National Suicide Prevention Lifeline: 1-800-273-TALK
Navy Suicide Prevention Program Website: www.suicide.navy.mil

For more information, and to take an anonymous self assessment go to:
http://www.militarymentalhealth.org/

...but help is always there...

...even in the darkness of days, there's always a way to bring some light...always.

From Bremerton to the Black Hills – Corpsman Skills Provided in Joint Field Exercise

(From July 2014) NHB's Hospital Corpsman 3rd Class Kimberly Huidor took part in Joint Field Exercise (JFE) with the Army National Guard's Officer Candidate Program and 196th Regiment at the historical U.S. Army outpost of Fort Meade, South Dakota. Huidor was assigned to one of the four, 4-member corpsmen teams sent to the Black Hills locale to help provide medical coverage to 50-100 staff and 100-200 officer candidates during the various events and field exercises held over an eight-week summer period. She shares insight with NHB PAO on her experience…

My experience at Fort Meade, South Dakota was one that can have me talking for days, sharing my memories with the encounters we were given while providing medical coverage for the candidates going through Officer Candidate School.

Looking back at the days my fellow corpsman and I spent there, it dawned on me how the training we've received as corpsmen has prepared us for the course. When we arrived, we were without any providers for the first three days (due to travel issues and reserve weekend training). Luckily, the training process for the candidates did not start until the fourth day, to allow them to check in and become accommodated in their barracks.

During that time, we were briefed by one of the Army medics who were assigned to provide medical coverage as well, that we would be providing medical coverage for a five and ten mile hike, day and night land navigation, morning and evening sick-call, and tailgate medicine during chow hours.

Given the training we've received about being prepared, we decided to create our own "med bags" while having a fully stocked one on hand, in anticipation of the potential casualties that lay before us. We had to take into account the weather, (it was tornado season), the terrain the candidates would be exposed to - hills, loose gravel, rocks, etc., and wildlife hazards South Dakota had to offer such as spiders and snakes.

Taking her tasking in casting to heart...Hospitalman Lindsay Edwards of NHB's Physical Therapy department conducts a mock rehabilitation session with one of the Navy's Wounded Warrior Safe Harbor actors involved in filming an 'infomercial' commercial for dissemination worldwide on the Armed Forces Network (AFN), base theaters, social media websites and also available as DVD handouts. To try and keep the rehab session as true to form as it would be in an actual case, the wheelchairs sidebars were removed to engage in both vertical and lateral movement exercises which is exactly what wheelchair athletes do when competing in such sports as basketball.

Providing a supportive shoulder to lean on are Hospitalman Eric Reilly (L) and HN Zachary Marshall for 'injured' HN Jonathan Orola as part of the drill during NHB's mass casualty and earthquake exercise held on August 5 to test command-wide responding capabilities in handling overlapping emergencies

We had to have some pharmaceutical knowledge on hand as well, given we didn't have any providers for a brief time. We had to know the simple medications we distributed, what the symptoms treated were and the side effects the medications could cause. In conjunction with that, we had to know our candidates, making sure to verify they did not have any allergies to the medications issued.

During sick-call, we had very limited resources but did with what we had on hand and were successfully able to treat minor injuries/complaints.

The Army medic explained we were also in charge of documenting the Wet Bulb Globe Temperature hourly, determining what the Heat Category index was, and reporting it to the proper authorities to take appropriate steps in limiting the severity of the physical exercises the candidates were exposed to.

In addition, we were also placed in charge of testing the water buffalos daily to ensure the candidates had an adequate water supply.

Communication and teamwork played a very important role when we were in South Dakota, not only were we one corpsman down from the expected 4-man team, but four of the five Army medics that were supposed to be aiding in medical coverage did not show.

Allow me to put this into perspective; not only were three hospital corpsmen, one Army medic, and two Army PA's providing medical coverage to the 100-200 officer candidates, but to the 50-100 staff members as well.

We had to be on top of our game and have flawless communication as well as outstanding teamwork to ensure we were providing the medical coverage needed. The vigorous training we receive as corpsmen prepared us to overcome the obstacles in providing medical coverage to those who are in need of it.

The training we received, as well as the knowledge passed down from those more experienced also helped establish a foundation to allow us to adapt to any situation and make the best of what is given.

Corpsmen Pedal Power—lead by the Bio-Med Repair team—was on display as a host of bicyclists took full to-and-fro advantage of the annual Bike-to-Work Day 2014 at Naval Hospital Bremerton.

Boy Scout Project NHB Biomedical Repair tech

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, from June 2014 **--** Inspired by a Naval Hospital Bremerton optometrist's contribution with Pacific Partnership and bolstered by technical assistance from NHB Biomedical Repair department, a Boy Scout is helping bring eye care to those in need.

Jesse Orr, a 9th grader at Central Kitsap in Silverdale, Wash. and member of Boy Scouts of America (BSA) Team 1550, is undertaking an Eagle Scout project to equip an eye clinic in Aileu, Timor Leste after hearing of the plight of needed eye care support from Lt. Cmdr. Brian Hatch, NHB optometrist.

Hatch is a scoutmaster/varsity scout coach for Team 1550 and during his participation in Pacific Partnership (PP) 2011, he communicated regularly with the scout troop back home describing his experiences providing humanitarian and civic assistance in far flung locales in the South Pacific.

"Jesse is one of our life rank scouts. While I was deployed on PP 2011, a few of my scouts corresponded via letters and postcards and when they did I sent updates and photos back to them of my voyaging and adventures. Jesse was one of them," said Hatch.

Once Hatch returned he shared a presentation to the scout group about his deployment that triggered more than just passing interest from Jesse.

"We talked about how cool it would be for a possible Eagle Project to help a struggling country get an eye clinic equipped or better established. I told him how much work it would likely be and put him in touch with Optometry Giving Sight, a world-wide philanthropic organization helping create sustainability in world eye care," Hatch explained, citing that teaming Jesse with Optometry Giving Sight, a beneficiary representative organization, was a sound decision not only due to the non-profit status, but also because of their strong presence and involvement already in the South Pacific and Indonesian archipelago.

The proposal was then presented and the BSA Orca District Eagle Advancement Team reviewed and approved his fundraising proposal for donations to be raised in Optometry Giving Sights name on behalf of the Aileu East Timor (Timor Leste) clinic.

Even best laid plans however sometimes run into difficulties. Yet with a little perseverance and NHB know-how, the project was put back on track.

Orr was given a used Mentor slit lamp for the cause and Jesse wanted to make sure it was in good working order. A slit lamp is a valuable instrument used to microscopically examine an eye for any abnormalities or problems. The donated lamp used 220V power which wasn't ideally compatible to the 110V common in East Timor. How to deal with that brought him to ask NHB's Biomedical Repair department for some guidance. He got that, along with direct hands-on support.

"I wanted to make sure the slit lamp was in good working order before giving it to the Aileu clinic. My varsity coach suggested that I contact NHB and see if they might be able to help safety check it and ensure that it would work with the voltage adapter I'm planning on buying for the difference in power voltage in East Timor," shared Orr. "I was put me in touch with Hospital Corpsman 2nd Class Matthew Heimann and he agreed to come to one of our scout meetings and check it out. He showed us some neat electrical testing and helped us remove an unneeded part that had a frayed wire. He says the Mentor slit lamp is actually in really good condition and should last for many years."

Hatch praised HM2 Heimann for his selfless support.

“HM2 Heimann jumped on it. He arrived at the scout meeting and spent an hour and a half helping the scout’s safety check the slit lamp. He also showed them how to verifying functionality and helped remove an unnecessary part that had a shorted wire,” Hatch shared, adding that what the Boy Scout was unaware was Heimann had also stayed late at work that day to study for his advancement exam and yet he still chose to go out of his way and spend part of his evening helping others.

According to Heimann, although he had never provided that type of help to the Boy Scouts before, he had assisted them in the past, mainly in outdoors survival type exercise.

“When chief asked for assistance, I was happy to help. Helping our neighbors is what we do in Bio Med,” said Heimann, noting that he had past experience in repairing slit lamps and was able to provide the necessary technical support to get the piece of gear ready to ship.

“It wasn’t really that difficult for me to work on. The main thing was making sure that it was completely electrically safe so no one would get hurt once it got to where it was going,” added Heimann, a southern California native who has been stationed at NHB for two years.

“HM2 Heimann truly exemplified dedication and selfless service as he took the time to care, mentor and encourage our scouts. You can't script this kind of stuff. I'm glad that it is just part and fiber of HM2 Heimann. Some of the central tenets of the scout law, among others, are to be helpful, friendly, courteous, kind, cheerful and thrifty. HM2 Heimann nailed it,” exclaimed Hatch.

Along with the Slit Lamp, several alumni doctors with the Pacific University optometry college donated such clinical supplies as an LEA acuity card, lens flippers, a trial lens kit and a trial frame, some retinoscopy lens bars, a few amsler grid test plates, and a depth perception tester. But it was the Mentor slit lamp that was the crown jewel of Orr’s plan to help outfit the clinic. It also needed a few alterations before Heimann’s technical assistance.

Hatch has served as Jesse's Eagle Project coach due to his professional expertise and background having two previous visits - 2001 and then back again in 2011 - to Timor Leste. Along with meeting with the current and former presidents of the fledgling country, He provided linguistic support as the Portuguese translator on the PP11 shipriders program for the Timor Leste military contingency that joined the mission in Darwin, Australia, and sailed onboard amphibious transport dock ship USS Cleveland (LPD-7) back to Dili, the capital of Timor Leste.

Along with Timor Leste, PP 2011 also returned the U.S. Navy to an isolated South Pacific area for the first time since the Second World War. They visited the island nation of Vanuatu and provided Medical and Dental Civic Assistance Programs (MED/DENCAP) to the remote Nokuku area on the rugged northern coast of Espirito Santo, the largest island of the western Pacific republic.

“The Nokuku area is comprised of several small tribal villages, with a population of approximately 900,” explained Hatch. “The region is largely isolated by massive surrounding mountain ranges to the north, south and west, and impassable to ground transportation. Due to the geographical remoteness and distance from Cleveland’s point of anchorage – 65 straight line nautical miles – air assets had to be utilized to transport the MED/DENCAP team and all their equipment to and fro the operational site on a daily basis.”

According to Hatch, the indigenous population had traditionally gotten basic medical care from one local physician assistant. Access to higher care requires a costly – and timely – 9 to 10 hour maritime transit for a trip around the coast to Luganville, the main town on the island. Hatch estimated that most villagers had never received medical or dental attention in their lifetime.

The last time the villagers had been on the receiving end of a U.S. Navy mission was during World War Two. “They were incredibly grateful for the Pacific Partnership 2011 presence,” said Hatch.

The PP11 MED/DENCAP team rendered adult and pediatric medical exams, teeth extractions, and eye exams with free reading glasses, distance glasses, sunglasses, and pharmaceutical orders that were prescribed by providers.

According to Hatch, Orr’s helpful project is providing the residents of Timor Leste some of the same benefits of a Pacific Partnership – potential life-altering eye care.

One appointment at a time.

“1st Annual HM2 David R. Ray Top Doc Competition” held

By Douglas H Stutz, NHB public affairs officer, from 14 Feb 2014 – Hospital corpsmen and other staff members of Branch Health Clinic (BHC) Everett kept the memory alive of their clinic namesake by holding the “1st Annual HM2 David R. Ray Top Doc Competition” on Feb. 13, 2014.

The legacy of Medal of Honor recipient Hospital Corpsman 2nd Class David R. Ray, who would have turned 69 on Feb 14, was remembered by what he accomplished as a corpsman and by his sacrifice on the field of battle.

“It is important to the command that the corpsmen understand where they come from and have an appreciation for what it takes to do the things a Sailor like HM2 Ray did, and to celebrate the accomplishments and sacrifices of Sailors like him,” said Hospital Corpsman 1st Class Michael A Arroyo, BHC Everett Medical Services Leading Petty Officer.

Ray was awarded the Congressional Medal of Honor (posthumously) for his actions during the Vietnam War at Phu Loc 6 near An Hoa in Quang Nam Province, Republic of Vietnam, on March 19, 1969. BHC Everett, commissioned in 2002, is located within the David R. Ray Health Center.

“His legacy is extremely important to me as a person, as a corpsman and a leader of corpsmen. He is the epitome of what we all strive to be as corpsmen and human beings,” stated Arroyo, an Independent Duty Corpsman from Pomona, Calif. assigned to the clinic since Dec 23, 2013, with over 15 years of Navy experience.

The top doc competition involved professional and practical testing such as what Ray learned in honing his corpsman skills over 40 years ago. The goal of the competition wasn’t to replicate that fateful day on a blood-soaked patch of ground in Vietnam, but to bring a hands-on sense of urgency and realism in a training environment.

“This is training that we all need to know because it is the type of scenario that we could find ourselves in, just as HM2 Ray did. In a way, it does remind us of his heroism. We had a lot of interest but due to patient and clinic duties we just couldn’t get everyone out and involved,” said Hospital Corpsman 3rd Class Steven Foley, a Federal Way, Wash. native.

There were six two-member teams pitted against the stress of the situation, evaluated by the course instructors, and scrutinized by their peers. They were graded on every detail to render emergency trauma treatment to a wounded casualty.

And the clock was ticking.

The teams initially completed a warm-up 25 question knowledge test that consisted of five specific topics based on Physical Exam; Pharmacology; Medical Procedures; Documentation/record keeping; and Fleet/Fleet Marine Force Military Knowledge.

The practical application commenced with the teams having to move to a downed casualty 100 yards away in 10 minutes or less by doing the following: a five yard 'run to prone' a total of six times for 30 yards; followed by a 15 yard 'high crawl'; then a five yard 'low-crawl'; then the contestants had to gather up all of their gear before covering the final 50 yards to the casualty.

"The 'run to prone' is basically a rapid way to move and avoid being shot. 'High crawl' is elbow and knees, slower but faster than the 'low crawl,' but less of a target then standing straight up. The 'low crawl' is on your belly moving," explained Arroyo.

Upon arriving at the wounded casualty, the corpsman had to conduct a rapid trauma assessment in five minutes or less by concentrating on lifesaving steps, controlling major hemorrhage, establishing an airway and breathing, and noting from head to toe for any life threatening injuries.

They then had to relocate the casualty and follow up by conducting a focused Medical Assessment and additional treatment in 10 minutes or less.

"The focused assessment is just that; a corpsman is in a safer environment where they can take more time with their patient and get more detailed history and examination, including definitive treatments and how to transport. The transport decision is determined by 'can I keep this guy here a bit or does he need to go right now?'" Arroyo said.

Additionally, the actual casualty type remained unknown until the corpsmen arrived on the scene. One downed casualty had 'stepped' on a improvised explosive device.

Another patient was suffering from gunshot wounds. There were lacerations, breaks, fractures, as well as internal and external bleeding. Through the entire scenario, there was a grading criteria at each 'station' based on the importance. If a corpsman failed to complete a section in the allotted time they were eliminated.

If they missed a critical element in their battle field treatment such as controlling hemorrhage or establishing an airway that results in the death of their patient, they were eliminated.

“This type of training was very beneficial. It’s a great refresher for us who have been with the Marines. It’s also applicable on board ship,” said Hospital Corpsman 2nd Class Joshua Thornbloom, a Portland, Ore. native who teamed with HM2 Michael Pulkrabek as ‘Team Mighty Chux’ for the competition.
“I think we all take a lot of pride on who HM2 David R. Ray was, what he did for the Navy and what he did for his Marines in battle. There is just so much respect for him and this competition is a great way to remember him as a man and honor him as a corpsman,” added Pulkrabek, from Port Orchard, Wash.

‘Team Mighty Chux’ of Thornbloom and Pulkrabek claimed honors as the initial recipients of the Top Doc Competition.

The BHC Everett Chief Petty Officer Mess conceived the idea to continually increase the command’s esprit d ‘corps, team work, and morale. A cadre of junior corpsmen embraced the concept and undertook coordinating the actual events.

“It is a reflection of the pride corpsmen have in what they do and the enormous respect they have for those who have come before them. HM3 Sean C. McClain, HM3 Isaac Jernigan, Hospitalman Bouara Mongkhonvilay and HN Kayla Pesek were the masterminds and driving force,” explained Arroyo, who along with physician assistant Lt. j.g. Jeffrey Osborn, helped facilitate and provide guidance for this event.

Arroyo attests that the top doc competition was a microcosm of what any corpsman can expect to experience

From Arizona to Afghanistan – Naval Hospital Bremerton Corpsman a vital part of Trauma Unit

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, from Feb. 2014 -- Handling devastating injuries is part of the norm at NATO Role 3 Multinational Medical Unit at Kandahar Air Field, one of the busiest trauma centers in the world.

Arizona native and Hospital Corpsman 3rd Class Kayla Blum, has been doing her share and more since arriving down range in July, 2013, to help care for the wounded as a Trauma Unit procedure corpsman at the MMU. Blum, on deployment from Naval Hospital Bremerton, is upholding the MMU motto and principle of providing every casualty with "The Best Care Anywhere" resulting in a 98 percent survival rate.

"This deployment is why I joined the military in the first place. I wanted to help the service members who were risking everything for our country. That's what I am able to do while at NATO Role 3 MMU. No matter where I worked before coming here, nothing could have prepared me for the things for the things I saw and did here. Working in the Emergency Room and Pediatrics at NHB was a great experience, but nothing comes close to what I am able to do out here," said Blum.

The vast majority of Blum's duties are directly related to trauma care, whether as a procedure corpsman starting an IV line and assisting a surgeon with central lines, chest tubes and arterial lines, or helping as an ambulance driver to transport wounded from the flight line to the hospital. Even when she's not been tasked with actual driving, Blum has leaped into the back to act as the receiver to assist with monitoring and stabilizing patients until reaching the operating room.

Soon after arriving down range at the busy hospital, Blum was assigned as training petty officer for the Trauma Unit corpsman and immediately put her energies into ensuring that every corpsmen and medic that worked in the trauma bay had the required training.

"When we first arrived, I was asked by the director of medical services to put together new personnel qualification standards for future training. I got the entire group of Trauma Unit corpsmen involved by having each one type out a list of things they did at their position such as being a procedure corpsman or airway corpsman, Then I took bits and pieces of each to make the training that much easier to understand," explained Blum, who compiled the information in a study folder as well as a power point display with step-by-step instructions that went thoroughly over all the different procedures assisted in by the trauma corpsman (and medics). After compiling, completing and then getting the necessary approval by her chain of command, she immediately began teaching the curriculum.

"I went right to work training the Role 1 Army medics we had working with us at the time. They were trained as ad hoc members in case of a mass casualty situation," Blum said, noting that there are only so many Trauma Unit teams available, and if there are multiple casualties coming in, there is always the need for extra help.
Blum's training regimen was completed within the first month, with approximately 30 corpsmen and medics hon-

ing their skills. Practical application of the Trauma Unit training was almost immediately put to the test, when word came one day that a number of wounded were inbound to the hospital.

“We experienced our first real mass casualty situation shortly after. Thankfully, everyone was ready to go due to the training provided,” said Blum.

Blum attests that a typical day at the MMU hinged on the weather. If the weather was cold, the patient load was minimal, as they mainly handled routine injuries such as sprains and strains, and bruises and breaks. When the weather warms in Afghanistan, the war also heats up and as such, Blum and the rest of MMU Trauma team’s were busy.

According to Role 3 records for 2010, there were approximately 800 battlefield casualties treated there during May through September — the traditional fighting season in Afghanistan — with more than half of the cases U.S. or other NATO troops. The rest were Afghan soldiers and civilians too badly hurt to be cared for at nearby Afghan military or civilian hospitals. Compiled statistics also show that almost half of all battlefield injuries treated then were caused by improvised explosive devices (IED).

“The days were busy when we first arrived. We saw anywhere from 10 to 20 patients. Typically those patients had gunshot wounds, and IED related injuries such as shrapnel and amputated limbs. I knew coming out here that even with the drawdown, we would be seeing some serious injuries and that a lot of the patients would be our troops. But that’s why I’m here, to do my part in taking care of these guys. I wouldn’t trade that for anything in the world,” related Blum.

Besides her Trauma Unit team experience, another interesting aspect of her deployment has been working in such a diverse environment with a number of other coalition forces.

“We work with so many different countries – Slovakians, Belgians, Australians, Lithuanians, the British - the list goes on. I’ve made some great friends out here and not all of them are Americans,” shared Blum, citing that the war zone in southern Afghanistan is a long ways indeed from her days growing up in Prescott where she attended Granite Mountain Middle School and Prescott High School before enlisting in the Navy in 2009.

“If I was to share on everything I have been able to learn out here, this article would take three pages. But one of the most important lessons I learned is to enjoy the little things, because it’s the little things that help get you though the toughest times. I thank God everyday for my Trauma team. They are lifelong friends that will always be there for me and I will always be there for them,” said Blum, also sharing to those following in her deployment footsteps to remember to rely on the simple concept of taking the time to open up and share with others.

“Don’t forget to talk about things. You can see things here that may shock you and affect in one way or another. It is important to remember that talking to a shipmate or a close friend is always an option for dealing with the challenge of working around – and in – battlefield trauma. It really does help,” stressed Blum, who was also recognized for her Trauma Unit team efforts by being selected as the NATO MMU’s “Sailor in the Spotlight” for September and October 2013.

The Role 3 MMU provides the highest echelon of care at KAF for active duty military, NATO Forces without organic medical support, local nationals - including the local populace, the Afghan National Army and Police, as well as third country nationals and civilian contractors from all over the globe. The U.S. Navy assumed responsibility for the Kandahar Role 3 Hospital operations from Canadian forces in August 2009, and a newer, more modern $60 million facility was opened in May 2010.

The term "Role" describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital. A Role 3 military treatment facility includes additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry, and operational stress management teams.

Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. Role 2 has been traditionally defined as Battalion Aid Station, where the wounded are linked up with a nurse and physician in the chain of evacuation. Landstuhl is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are rehabilitation facilities such as Naval Medical Center San Diego.

During National Medical Laboratory Professionals week, April 19-25, 2015, HM3 Justin Barnes tests a sample sent from another department in the hospital by 'planting' bacteria from the sample onto agar plates (petri dishes). It is the responsibility of laboratory technicians like Barnes, a Scappoose, Ore. native, to identify the bacteria that grows and then test it to see what antibodies the bacteria is sensitive or resistant to which can then help the providers treat infection(s). The techs also perform rapid tests to look for some viruses such as mononucleosis and influenza.

There's a need for dental hygienists, and HM1 Julian Rodriguez has the background to share at NHB's Command Career Counselor (CCC) and Command Managed Equal Opportunity program held an open-to-all Career Fair April 22 and 23, 2015. Rodriguez has also taken advantage of career enhancement and advancement opportunities to apply and be selected for the specialty dental laboratory technician maxillofacial course.

Naval Hospital Bremerton recognizes Medical Laboratory Professionals

By Douglas H Stutz, NHB public affairs officer – Naval Hospital Bremerton is recognizing and honoring Laboratory Department staff members during National Medical Laboratory Professionals week, April 19-25, 2015.

The behind the scenes responsibilities of the entire lab continually benefits and impacts direct patient care.

The three officers - One lab officer and two pathologists - 25 enlisted, and 12 civilians assigned, including several at Madigan Army Medical Center with the (Armed Services) Blood Bank Donation Center, and at Branch Health Clinic Everett, processed approximately 673,000 specimens, along with 8,598 cytology specimens last year.

"On behalf of the rest of the medical professions here, I appreciate the Lab staff for all their hard work, and their customer service is the best I've ever seen," said Capt. Christopher Quarles, Naval Hospital Bremerton Commanding Officer.

Enlisted personnel such as Scappoose, Ore. native Hospital Corpsman 3rd Class Justin Barnes, are assigned to the Lab which is comprised of advanced medical laboratory technicians, histopathology technicians, and cytology technicians.

"The lab is my passion. We get to help patients get the treatment they need," said Barnes, adding that most of the technicians like himself have arrived at NHB straight out of lab school. "We got a lot of good hospital corpsmen 1st classes to learn from here."

Barnes handles such microbiology tasks as Serology Testing to look for antibodies found in blood. Such tests are used to check for such conditions as arthritis and syphilis, as well as determining if a person has been vaccinated and whether or not the vaccine has been effective.

There is also a fluorescent microscopy test used called ANA, or Anti-Nuclear Antibody Testing, that Barnes' can perform.

"The ANA is a screening test. It's sensitive but not specific. It can tell us that something is going on but not exactly what it is. The pattern we see glowing in the cells under the fluorescent light can tell the doctors which tests to order next and narrow down the possibilities. This is what we call a screening test that helps guide treatment in the right direction," explained Barnes.

The list of all the specific jobs/duties/responsibilities handled by the Med Lab technicians includes, collecting blood or body fluids from patients; accessioning patient samples to allow automated equipment and Laboratory information systems to analyze, interpret, and result provider ordered testing; processing patient samples to allow ordered tests to occur; performing testing in Chemistry, Hematology, Urinalysis, Coagulation, Microbiology,

Immunohematology (Blood Banking), Serology, Histology, and Cytology; Collating and verifying testing results; Certifying the authenticity of results and release them to the health care providers; Conducting Quality Control and Quality Assurance Initiatives to ensure the continued accuracy and precision of reported results; Maintaining equipment in every area listed above; and taking part in continuing education efforts to grow professionally.

In Microbiology, the techs test samples sent from other departments in the hospital, as well as branch health clinics. They 'plant' bacteria from the sample onto agar plates commonly called petri dishes.

It's their responsibility to identify the bacteria that grows and then test it to see what antibodies the bacteria is sensitive or resistant to which can then help the providers treat infection(s).

The techs also perform rapid tests to look for some viruses such as mononucleosis and influenza.

"The staff here is fantastic. I think we have the most well-rounded, eager group that we've had in a number of years. A lot of them have been committed to being cross-training in becoming better educated, becoming better Sailors and becoming better lab techs. And their customer service is outstanding," said Capt. Patrick Lawson, NHB Pathologist.

Besides obtaining and receiving patient samples (everything from blood to tissue) and processing them, areas of specialty include;

Phlebotomy (the act or practice of opening a vein by incision or puncture to remove blood as a therapeutic treatment);
Chemistry (the study of the chemical processes in living organisms); Urinalysis (an examination of the urine to determine the general health of the body and, specifically, kidney function);
Hematology (the study of the nature, function, and diseases of the blood and of blood-forming organs.);
Microbiology (the branch of biology dealing with the structure, function, uses, and modes of existence of microscopic organisms);
Serology (The science that deals with the properties and reactions of serums, especially blood serum); Histology (the branch of biology dealing with the study of tissues);
Cytology (the study of the microscopic appearance of cells, esp. for the diagnosis of abnormalities and malignancies);
Pathology (the science or the study of the origin, nature, and clinical course of diseases) and managing the Blood Bank (packed red blood cells or plasma is typed, processed, and stored for future use in transfusion).

"Our staff is constantly on point to keep up with all the results that are needed. They're great. They are all so hard working. What we do in the Lab is extremely important. We help healthcare providers and nurses to make diagnostic decisions and treatment for their patients," said Lt. j.g. Tammy Nguyen, NHB Laboratory Division Officer, noting that the Lab is operational 24 hours of the day, 7 days a week. "Our staff work to provide timely laboratory services to every ward and clinic for the command, as well as Branch Health Clinics Bangor, Everett and Puget Sound Naval Shipyard. "We're also doing quality control constantly to ensure the results are correct."

There is never any real down time in the laboratory. Laboratory personnel continually work around the clock to support the Emergency Room and all inpatient clinics and departments.

The Lab is open to beneficiaries for specimen collection and drop-off Monday through Friday from 7 a.m. to 8 p.m. and on Saturday from 8 to 12 a.m.

"They're the best. We work very closely with them in Radiology," said Ms. Mona Sherlock of Radiology's Mammography Suite.

NHB's Laboratory has also been fully accredited by the College of American Pathologists (CAP), American Society for Clinical Pathology (ASCP) and American Association of Blood Banks (AABB). It is also licensed and the Food and Drug Administration (FDA).

‘Many Views with One Vision’ highlights Radiologic Tech Week

By Douglas H Stutz, NHB public affairs officer, from Nov. 2014 -- Naval Hospital Bremerton's Radiology Department was acknowledged for the many contributions of radiology technicians during National Radiologic Technology Week which annually commences the first week of November.

The week brought attention to the important role of medical imaging and radiation therapy that the 49 Radiology staff professionals - five officers, 24 enlisted, 16 civilians and four students – bring to patient care and health care safety.

The American Society of Radiologic Technologists theme for this year was ‘Many Views with One Vision,’ and Hospital Corpsman 1st Class Benjamin Larson, leading petty officer of NHB's Radiology Department, said of those views can’t be understated and each vision is the basis of a diagnosis in many medical situations.

“Support from Radiology Department is absolutely vital to the health and well being of our patients. In many cases our services are life saving or have a significant positive impact on patient outcomes.

The Radiology Department is geared towards providing the most efficient radiological health care and optimal imaging services for patients to receive quality services that will assist health care providers in determining the best course of action to improve and/or sustain the health and vitality for all of our patients,” said Larson, a radiology technologist for 10 years.

That collective views come from the seven divisions that make up Radiology Department; Computed Tomography (CT), Diagnostic Radiography/Fluoroscopic Imaging, Mammography/Breast Imaging, Magnetic Resonance Imaging (MRI), Nuclear Medicine, Radiation Health and Ultrasound.

“Radiology Department provides medical imaging services to the majority of the hospital, including Urgent Care Center, Operating Rooms, Labor and Delivery, MS5 Inpatient Ward, Orthopedics, Branch Health Clinics Bangor and Puget Sound Naval Shipyard. Our services are provided 24/7, including weekends and holidays,” Larson said.

With ‘Many Views with One Vision’ as the theme for Radiologic Tech Week, NHB’s Radiology Department lead Nuclear Medicine technician HM1Vincent Kucera explains the state of the art equipment in Nuclear Medicine that combines single photon emission computer tomography (SPECT), computer tomography (CT) and an independent fully diagnostic CT scanner that completely enhances patient centered care by being able to digitally superimpose nuclear medicine and CT images to allow for precise anatomic localization of disease processes.

Nuclear Medicine is one of seven divisions that delivers radiopharmaceuticals internal to the patient and images are made by detecting the radiation that is emitted from the patient. This shows the staff where in the body that the radioactive substances are accumulating, which helps us study the functionality of the internal organs, to detect cancer and to look for any other abnormalities. This service offers diagnostic examinations and therapeutic treatments.

According to Cmdr. Mark M. Morton, Radiology Department head, the active duty and civilian radiology technologists at NHB and Branch Health Clinics at Puget Sound Naval Shipyard, Naval Base Kitsap – Bangor and Naval Station Everett routinely handle radiology examinations, including 43,097 examinations in Fiscal Year 2014.

These valuable technologists provide life saving diagnostic services around the clock in direct support of patient care,” said Morton.

There are also sub-divisions found within radiology that require specialty skills, training, and certifications that are associated with each area in order to

provide the best care in accordance with the standards and guidelines of the Joint Commission, American Registry of Radiological Technologists, the Nuclear Medicine Technology Certification Board and the American Registry for Diagnostic Medical Sonography.

“NHB has some of the brightest and highly motivated radiology technologists available. On their own initiative, three of NHB's radiology technologists attained national certifications in computed tomography in fiscal year ‘14, one is closing in on a mammography certification and one maintained dual certification in radiology and nuclear medicine. This remarkable professional drive is key to NHB's success, because we routinely call upon our technologists to cross train and become proficient in multiple imaging sections, for example, x-ray, CT, mammography and fluoroscopy, in order to meet the demand for our services,” explained Morton.

Morton also attests that NHB’s successful implementation of new SPECT/CT and CT scanners in FY14, two enormous projects collectively costing more than $2.5 million, was in large part due to the versatility and dedication of the technologists who worked diligently to become qualified to independently and safely operate the new units in a timely fashion.

“It was their efforts that allowed us to continue the high quality medical imaging services that our healthcare providers and patients enjoy. We are taking this week to recognize the vital role that our radiology technologists have in the delivery of exceptional patient-centered care,” Morton said.

“Our job is all about customer service; but it goes beyond more than just providing the services that we have to offer. Instead, sometimes a patient needs to know that you really do care about them. I would have to say that the most important aspect (of my job) is being an attentive listener, regardless of the reason that a patient is there for. Our patients are our family. We want them to feel safe and secure in the knowledge that we are there for them at all times,” said Larson, adding that it’s gratifying to be able to help patients and knowing that they can make a difference in their patient’s lives for the better.

The most common form of support provided by NHB's Radiology Department is with an x-ray, a type of photographic process done with electromagnetic radiation.

An x-ray machine sends individual x-ray particles through the body and the images are recorded on a computer or film.

Diagnostic radiography uses x-rays passing through the body to create a 2-D image that allows the radiologist and health care provider to see a general image of the anatomy in order to determine if there are any clues about a medical condition that may or may not exist.

The MRI utilizes a strong superconducting magnet and radiofrequency coils to influence the protons that are found throughout our bodies.

Specific tissue types and pathologic processes respond differently in the MRI environment, which allows the radiologist to then make a diagnosis and assist the healthcare provider in developing an appropriate treatment plan.

The CT is a diagnostic tool that utilizes x-rays passing through the patient to produce contiguous 2-D slab images.

As a result, the fine details of anatomical structures can be visualized in slices of varying thickness.

Afterwards, a 3-D reconstruction of the cross-sectional anatomy allows the technicians to view a rotating model of the internal organs and skeletal system, which enhances understanding of the patient’s condition without having to expose the patient to additional radiation.

“This is an essential part of cancer detection,” noted Larson.

Nuclear Medicine delivers radiopharmaceuticals internal to the patient and images are made by detecting the radiation that is emitted from the patient.

This shows the staff where in the body that the radioactive substances are accumulating, which helps us study the functionality of the internal organs, to detect cancer and to look for any other abnormalities.

This service offers diagnostic examinations and therapeutic treatments.

“Another key component to the Radiology Department are the radiation health technicians who are responsible for ensuring that our entire staff are properly wearing their Thermoluminescent Dosimeter (TLD) devices in order to document the amount of radiation that each technologist and radiologist receives throughout their career. Their department helps maintain the accuracy and accountability of each member’s radiation exposure levels,” Larson said.

Hospital Corpsman 2nd Class Geoffrey Sims is a radiation health technician who is seemingly always on the go, handling such responsibilities as radiation monitor, radiation surveys, gas and liquid analyses with knowledge of the medical aspects relating to personnel exposed to ionizing radiation.

Along with Hospitalman Apprentice David Stott and

Hospitalman Andre Stovall, Sims also directs and administers NHB's personnel dosimetry program and maintains radiation exposure records as part of the health records.

"Our motto is to 'trust but verify.' Helping to maintain the safety of our staff is something we do as effectively and efficiently as possible. There is no second guessing in our jobs. I love my job and think that we have a great team here at NHB. Couldn't ask for a better division officer in Lt. Cmdr. (Jesse) Puryear who really knows his stuff. I've also heard that NHB is one of the best in respects to radiation safety. This really is a great place to work. There is proper guidance, shared knowledge and strong support in our department," said Sims.

Lt. Cmdr. Joel McFarland, Radiology assistant department head, praised his entire staff, underscoring a common theme of appreciation for everyone on the staff.

"I feel very fortunate to be part of such a dedicated, hard-working, and patient-focused Radiology Department. Our staff truly goes the extra mile to make sure that every exam is done right and every patient is taken care of, with exams ranging literally from head to toe. We pride ourselves on patient-centered care - rather than reflexively just completing every exam requested, we speak with every patient and review every request to ensure that every patient is getting the best imaging to address their health care needs. Without our dedicated, professional staff of radiology technologists, our department would be dead in the water," stated McFarland.

The weekly observation also coincides with the anniversary of the x-ray discovery by German Physicist Dr. Wilhelm Conrad Roentgen on Nov. 8, 1895. Roentgen would later win the Nobel Prize in 1901 for his work in the fields of x-ray technology.

It's a family affair at Naval Hospital Bremerton's 'Frocking Friday' pinning ceremony held Dec. 5, 2014 as the married couple Hospital Corpsman 3rd Class Alan Gil and HM3 Britany Gil celebrate their advancement together.

No gobble when you can at least hobble...NHB's Health Promotion and Wellness held the 'Cold Turkey Fitness Challenge' in support of the Great American Smoke Out on Nov. 20, 2014, with approximately two dozen staff members participating to continue the level of awareness on how exercise/physical fitness can help alleviate the urge to use tobacco products. Challenge participants ran a course throughout the base interspersed with 'Turkey Stations' where they had to compete in such exercises as pull-ups, pushups and lunges before wrapping up.

Preparing to Promote was the Enlisted Advancement Program goal for 61 Sailors all prepping for their advancement exam

Hospital Corps Heroes Wall of Honor unveiled at Naval Hospital Bremerton

By Douglas H Stutz, NHB public affairs officer — (published May 2015) **--** There are 57 etched names, ranging from the three youngest at age 19 to the oldest of age 37.

They all share two distinctive traits.

One is that they are all United States Navy hospital corpsmen.

The other is that they all have been lost in serving their country during time of war.

From the battlefields of Iraq to the firefights in Afghanistan, the names of those killed are represented on Naval Hospital Bremerton's 'Hospital Corps Heroes' Wall of Honor' solemnly unveiled, May 22, 2015.

The wall is a culmination of a fledgling idea by Hospital Corpsman 2nd Class (Fleet Marine Force) Michael Nakamura and Hospital Corpsman 2nd Class (Fleet Marine Force) Derrick Ward.

"We are honored to have the privilege of presenting the 'Hospital Corps Heroes' Wall of Honor' to Naval Hospital Bremerton. This memorial is dedicated to the 57 Hospital Corpsmen that were killed while supporting Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn from 2001-2015. This memorial is the second one of its kind in the Navy and it shows the sacrifices that all 57 Corpsman and many before them have made for their country," said Nakamura.

According to Capt. Christopher Quarles, NHB Commanding Officer, the 97 percent casualty survival rate of the two wars, although an unprecedented high mark, did come at the tragic cost of those corpsmen killed in the line of duty.

"Many died in helping others. This is an important dedication to honor those who gave their lives. It's only appropriate we recognize their sacrifice," Quarles said.

Nakamura acknowledged command leadership in helping with the process of organizing, creating, and finally unveiling the memorial, citing Mass Communication Specialist 1st Class Gretchen Albrecht to Command Master Chief Randy Pruitt to his immediate chain of command.

NHB staff members view the Hospital Corps Heroes' Wall of Honor' May 22, 2015 that is dedicated to the 57 Hospital Corpsmen killed while supporting Operation Enduring Freedom, Operation Iraqi Freedom, and Operation New Dawn from 2001-2015. The memorial is the 2nd one of its kind and showing the sacrifices corpsmen made for their country (Navy photo by MC2 Zulema Sotelo, NHB public affairs).

"It's been a long process. It's great to see the memorial up. It's important for carrying on the memory of our fallen corpsmen. When I first got here, Master Chief (Tom) Countryman told us 'to leave the place better off than when you arrived,' and I think this is a fitting reminder of that," Nakamura said.

Capt. Christopher Quarles, NHB CO, thanks HM2 Ward and HM2 Nakamura for their effort in making the 'Wall of Honor' a reality for all hands (Official Navy photo).

Each portion and piece of the memorial carries a significance meaning.

There's also a gold star for each fallen corpsmen.

The flag was flown on May 13, which has been designated as 'Children of Fallen Patriots' day.

"Although not all the corpsmen were FMF qualified, they all represented the last line between life and death for those they cared for," said Ward, adding that their project really started from how the loss of HM2 Anthony Carbullido, who was assigned to Naval Hospital Corps School, Great Lakes, Ill, touched many Sailors learning to become corpsmen, as well as staff members.

Carbullido, a Guam native, was 25 years old when he volunteered to go as an Individual Augmentee on deployment.

On Aug. 8, 2006, he died from injuries sustained when his convoy vehicle hit an improvised explosive device in Sangatesh.

"I had just got to the schoolhouse and definitely knew of HM2 Carbullido. He was so well liked and respected. He volunteered to go IA, and when everyone there heard the news, they were devastated," shared Hospital Corpsman Chief Melyncholi Saxton, NHB Command Career Counselor office.

Nakamura and Ward accepted thanks for numerous co-workers for their work to make the memorial a reality.

"It's a great effort. We appreciate it," said Hospital Corpsman 1st Class Alexander Bransdorf, surgical technician.

After the memorial was unveiled, the event culminated with Nakamura taking the opportunity to reenlist.

"The energy and idea to make this happen is special. HM2 is also a special Sailor. Along with Ward, they have taken the Tactical Combat Casualty Care (TCCC) training and made it regionally recognized. It is an honor to reenlist someone who has done so much for NHB and Navy Medicine," said Lt. Cmdr. Louise Nellums, NHB Staff Education Training department head.

The 'Hospital Corps Heroes' Wall of Honor' joins other notable remembrance walls at the command for hospital corpsmen who have received the Medal of Honor, Navy Cross, and those listed Prisoner of War/Missing in Action (POW/MIA).

For Nakamura and Ward, they've not only established a memorial to those gone but not forgotten, but have made a lasting impact for those following.

Gone but never forgotten...a legacy of service before self of the ultimate sacrifice...NHB staff members study the name of those fallen in the line of duty.

An introduction like no other...NHB staff were introduced to staff selected for advancement to chief petty officer by the FY-16 Active-Duty Navy E7 Selection Board. Chief Master-at-Arms (Sel.) Michael Haberstumpf and Chief Hospital Corpsman (Sel.) Laura Blanco embark on a career transformation unique to the Navy (Navy photo by MC1 Class Gretchen Albrecht).

Providing the support needed for active duty patients assigned to Naval Base Kitsap Bangor the staff of Branch Health Clinic Bangor, with top-notch hospital corpsmen, makes it happen...around the clock...

“I Am Navy Medicine: Hospital Corpsman 3rd Class (Fleet Marine Force) Christofer Garcia

As related to Douglas H Stutz, Naval Hospital Bremerton public affairs officer, Nov., 2015 — I am a native of Wiggins, Colorado and Wiggins High School Class of 2009, and currently the assistant leading petty officer of 4OB Labor and Delivery Unit at Naval Hospital Bremerton.

My career in the Navy started in March 2011. I had always thought about joining the military but really didn’t have the push to join until college didn’t work out as planned. I started off talking to an Army recruiter, then a Marine Corps sergeant talked me into joining the Navy and becoming a corpsman because I wanted to be with an infantry unit and learn combat medicine.

I’ve always had a love for medicine and helping others, along with wanting to learn everything I could about medicine. In high school I took a class that introduced young kids into the health care field. I then learned after doing a clinical rotation in an emergency room that I liked fast paced medicine.

I was born in York, Nebraska and while very young moved to Wiggins. I grew up with my two brother’s - one younger and one older - along with my two parents. It was a very small farm town in the middle of nowhere. I played a lot of baseball there and wrestled. After high school I attended pre-nursing school and received my Certified Nursing Assistant license, worked at a nursing home for a year, and then decided to join the military.

Navy medicine has taken me many places. After finishing Corpsman ‘A’ School I received orders to 1st Marine Division, 29 Palms, Calif. Then I attended Field Med in Camp Pendleton where I learned the structure of the Marine Corps. After graduating field med I was assigned to 3BN 4TH Marines 1st Marine Division and then received orders to Naval Hospital Bremerton. I deployed in March 2013 to October 2013 to Afghanistan.

The first position I held while being with my infantry unit was a line corpsman. I was assigned to India Company Weapons Platoon as line corpsman for 20-30 Marines with various jobs. Among those jobs there were assaultman, machine gunner, and mortar-man. My primary job was being attached to the machine gun section of my platoon. After being with India Company for a while I was assigned as assistant senior line corpsman for the company. Later on at the end of my tour I was assigned Sick Call supervisor for the battalion.

When I was younger I learned that I loved fast paced medicine and trauma situations and was very good at handling those situations. So I sought out the opportunity to be a Fleet Marine Force Corpsman to provide combat medicine. I learned as much as I could so that if any situation came up I was ready.

Not only did I want to learn the tactical medicine but I loved every aspect of the Marine Corps. The comradery, the loyalty, the bearing, everything about the Marine Corps inspired me. I love the Navy but there is just something different about being with the Marine Corps and being with an infantry unit.

Almost any FMF Corpsmen will tell you there really is nothing better than being able to be a part of the Marine Corps and especially being ‘Doc.’

Hands down the best part of my career in Navy Medicine was being attached to a Marine Corps Infantry Unit.

There is nothing better than being surrounded by Marines that you know will do anything for you if you are in need. Along with the Marines my fellow 'greenside corpsmen' were great too. All of us went through hell and back, and no matter what, we always stuck by each other. I learned so much being in that environment. From day one I learned to grow up really quick in the Navy. There was no being the new guy. There were no step-by-step instructions on how to be a greenside corpsman. You either sank or you swam and if you sank they would get rid of you.

From day one every Marine is watching you and judging you by the way you look, how you PT (physical training), and how much military bearing you had. From that you either were welcomed or you were pushed away. Can you blame them? You were supposed to be the one with the answers, the one that saved them when everything was falling apart.

They needed you to prove yourself and it starts from the day you meet them. The best part is being welcomed in and being embraced. Lots of corpsmen get called "Doc" but when you're attached to a grunt unit "Doc" means so much more. Being "Doc" with my Marines was the best part about my career this far.

The most important part during deployment is keeping composure. You see lots of things, go through lots of stress, and constantly get called on. You have to remember there are 20-30 Marines in your platoon and only 1 or 2 of you.

You will often be the ear for a Marine that is going through a tough time back home or if one of our brothers gets hurt during a previous engagement. Keeping composure is key. You never want to show the Marines there is any weakness. If you want to blow off steam or need a minute to vent you do it with fellow corpsman or by yourself.

Why?

Because you never want your Marines to doubt you or think you're weak. You're the Corpsman and when all else hits the fan you need to have composure and take control of the situation.

Serving with the Marine Corps as their Corpsman has been gratifying. The comradery that both corpsmen and Marines have is very hard to match.

Growing up in the FMF community gives a person a lot of structure and respect for rank.

The biggest thing you learn being greenside is leadership. Whether you think it at the time or not you are a leader while you're with your Marines. This helps with our mission readiness because it gives more corpsman the respect and opportunity to lead. It gives the Navy good quality sailors.

FMF/Greenside was a difficult experience in Navy Medicine but I would turn back time and go through it all again to be with my brothers.

Happy Birthday U.S. Marine Corps!

On the eve of the U.S. Marine Corps' birthday, Nov. 10, 1775, we recognize some of Navy Medicine's Hospital Corps who have fought and served side-by-side with their 'Devil Dogs.'

Wherever there are Marines, a Hospital Corpsman is there with them.

From Nov. 2015, as shared with Douglas H Stutz, NHB public affairs officer — From the hardscrabble, back-of-beyond Combat Outpost Shir Ghazay in Helmand Province, Afghanistan to the key logistical hub Manas Airbase, Bishkek, Kyrgyzstan, wherever his Marines went, so did Navy Medicine's Hospital Corpsman 2nd Class (Fleet Marine Force/Surface Warfare) James Louck.

"Outside the wire there was always a lot of running and a lot of yelling. I always did a little of both it seemed. It was an area that was bad for most of the time I was there."

"I did get meritoriously promoted and also achieved my Fleet Marine Force pin there."

"It was a fantastic hands-on learning experience. There are aspects of being deployed in such a war time setting that I'll never forget and will have with me the rest of my days."

We also spent about a month up in Kyrgyzstan at the rallying point for a lot of troops heading into and out of Afghanistan and even got put on alert at that location due to potential local unrest.

As a Riverside, Calif. native and graduate of Temecula Valley High School, 2004 and current leading petty officer (LPO) of Naval Hospital Bremerton's Multiservice Ward, my military career began one fateful, faithful fall afternoon at a recruiting station in Hemet, Calif.

What made me interested in Navy Medicine is that my grandfather and brother were both Navy. I wanted to serve with the Marine Corps. I figured I'd get the best of both worlds and become a corpsman.

My personal story is one of luck. I am very fortunate to have served on a broad platform of assignments and have just so happened to always be at the right place at the right time.

Navy Medicine has taken me to Afghanistan, Kyrgyzstan, Germany, Japan, Alaska, Guam, Philippines, China, Okinawa and South Korea.

I've held the positions of clinic hospital corpsman, line corpsman, and Medical department LPO on USS John S. McCain (DDG 56). Becoming Fleet Marine Force was my goal ever since meeting my instructors at HM "A" school, I knew then that's what I wanted to be. The FMF is an earned qualification and Sailors have to be attached to forward-deployable Marine units to be eligible.

I was assigned to 2nd Battalion 4th Marines, 1st Marine Division Camp Pendleton, and deployed in support of Operation Enduring Freedom, Helmand Province, Afghanistan from August 2011 to March 2012.

The best part of my Navy career, hands down, is helping others in need. Your Marines believe you can do the impossible and your position – as their Fleet Marine Force qualified doc - gives you the opportunity to prove them right.

The most difficult part of being on deployment as a FMF is hands-down the "veggie omelet" MRE (meals ready to eat), but the most gratifying is being accepted by your Marines.

Being a FMF corpsman helps our Navy Medicine mission priorities of readiness, value and Jointness by giving you the tools to adapt to any situation and the ability to think clearly in a stressful situation.

If I could sum up my experience in one sentence as Fleet Marine Force qualified corpsman, it would be that when you are hurt, tired and on the other side of the world you're never alone.

Happy Birthday to all my Marines!

Editor' Note – During the World War One battle of Belleau Wood, France, the Germans began to refer to the U.S. Marines Corps they encountered there as 'Teufel Hunden,' or 'Devil Dogs.'

With accurate rifle fire, fixed bayonets and hand-to-hand combat, the moniker was hard-earned with 5,183 killed in action and wounded during the 20-day struggle, for a casualty rate of approximately 51 percent.

I am Navy Medicine: Hospital Corpsman First Class (FMF) Michelle Chaney

As shared Oct., 2015 with Douglas H Stutz, NHB public affairs officer — I am a Hospital Corpsman First Class (Fleet Marine Force) and Navy Reservist from Boise, Idaho and leading petty officer (LPO) of Operational Health Support Unit (OHSU) Bremerton, Detachment Echo. I was recently named as Sailor of the Year for Navy Operational Support Center Spokane.

A 2003 Centennial High School graduate and current student at Spokane Falls Community College, I served on active duty for five and a half years, spent a few years in civilian capacity getting my Associates Degree from Moody Bible Institute before joining the Navy Reserve in 2012.

I joined the Navy Reserve for the medical benefits, but I reenlisted because I love my Sailors and my job.
My career has taken me to Whidbey Island from 2005 to 2008; Expeditionary Medical Facility Kuwait 2006-2007; Medical Logistics Company, Combat Logistics Regiment 35, Okinawa 2008-2010; Combat Logistics Battalion 4, Iraq 2008-2009; and Guantanamo Bay, Cuba 2013-2014.

It has been an unpredictable adventure.

In 2008, I requested operational orders with the 'green side' and reported to my new command in Okinawa and earned Fleet Marine Force designation. When deployed to Iraq, I served as the assistant leading petty officer for the Battalion Aid Station.

As LPO of OHSU Det. E, I'm responsible for 20 Sailors and 10 officers, providing the first line of communication between unit leadership and unit enlisted personnel. She actively and regularly communicates throughout the

month to facilitate unit readiness and individual Sailor needs.

She has effectively coordinated four drill weekends and is an active mentor to her peers, junior Sailors and junior officers, and is a ready example of professionalism to senior leadership. The best part of my career in Navy Medicine is the people. Navy family can be as close and lasting as birth family.

"I think that as a leader, caring about your Sailors is just as important as knowing your job. I also actively participate in military funeral honors and have participated in eight services and been personally selected from the NOSC Spokane Funeral Honors teams to participate in the Missing in American Project ceremony. My Navy Medicine experience and current duties with OHSU Det. E is being applying towards obtaining a Bachelor's Degree in Nutrition and Exercise Physiology."

OHSU Bremerton's mission is to ensure all Sailors can rapidly respond to the needs of Naval Hospital Bremerton, Navy Medicine and the nation by keeping themselves and those assigned in a constant state of readiness; professionally, physically and mentally.

OHSU Bremerton ensures force health protection of all Sailors by assisting Navy Operational Support Centers throughout three regions – Northwest, Midwest and Southwest - by completion of physical health assessment's and dental exams.

OHSU detachments can be found in Anchorage, Alaska; Whidbey, Kitsap, Spokane and Everett, Wash.; Portland and Springfield, Ore.; Boise, Idaho; Helena and Billings, Mont.; Cheyenne, Wyo., Fargo, N.D. and Sioux Falls, S.D.; Salt Lake City, Utah; and Denver and Fort Carson, Colo.

Editor's note - Along with the U.S. Navy birthday of 240 years, rooted in the days of the Citizen Sailor of the American Revolution and the Naval Militia of the nineteenth century, the Naval Reserve came into its own on March 3, 1915.

After the first Gulf War – Desert Storm - the last two decades have had the Navy Reservists become more operationally-focused and participate in additional collaborative efforts with other services.

Navy Medical Reservists have been an integral part of Expeditionary Medical Units (NEMUs) deploying to Joint Task Force Horn of Africa, augmenting Army and Air Force staff at Landstuhl Regional Medical Center in Germany, or serving at NATO Role 3 multi-national medical center at Kandahar, Afghanistan.

Navy Medical reservists have been regularly recalled to active duty to participate in humanitarian assistance and disaster preparedness efforts like Hurricane Katrina (2005), Superstorm Sandy (2012) and Operation Unified Response (2010).

In an era of the volunteer force, Naval Reservists continue to play a significant role in the regular force both in war and peacetime. In the last decade alone, over 70,000 Navy Reservists have been mobilized, providing both ready units and individual augmentees to support Navy and Joint Force efforts in combat operations, humanitarian and disaster relief missions around the world.

Today there are over 7,000 Navy Medical Reservists, 11 Reserve Units (including four Reserve EMFs), Reserve Medical Battalion and Dental Battalions supporting the Marine Corps, the fleet, SEABEES, Special Warfare, ships, and squadrons around the globe.

I Am Navy Medicine: Hospital Corpsman 2nd Class Ricler M. Magsayo

As told to Douglas H Stutz, NHB public affairs officer, June 2015 — I am a biomedical equipment technician who was also selected as Biomedical Equipment Technician of the Year for Fiscal year 2015.

A Chicago native, I graduated from Stephen Tyng Mather High School in 2002. I attended Northeastern Illinois University that fall then transferred to Wilburn Wright College. But I could not find direction on what I wanted to do for a career, so I decided to join the Navy to travel the world. I've been married to Bella for six years and she is very supportive of me and my career. I am also a father of 4-year old Briella, and we have another one on the way.

I left for boot camp Dec. 14, 2005 followed by Corps School at Great Lakes, Ill. and then Field Medical Service School, Camp Pendleton, Calif.

I was assigned to 1st Medical Battalion September 20, 2006, and volunteered to deploy with Headquarter I Marine Expeditionary Force to Camp Fallujah, Iraq in October of 2006.

I think the most exciting assignment I had was on that first deployment. I've learned more about life in that short amount of time than I learned 22 years before it.

I deployed again with 1st Medical Battalion in Feb. 2008 back to Camp Fallujah Iraq. After that deployment, I departed for Naval Training Command Great Lakes in Nov. 2009. I was then accepted to BIOMED "C" School in Nov. 2011. I completed BIOMED School in April 2013 and was assigned to Naval Hospital Bremerton for my first tour as a BMET.

A little Bio-Med Tech background; our overlapping duties include assembling, maintaining, troubleshooting, aligning, and calibrating medical equipment. We also calculate circuit parameters, solder, plumbing, welding, and handle accurate documentation. Another major emphasis is on deployable medical equipment such as X-Ray, dental X-Ray, laboratory, ophthalmic, dental, pneumatic, hydraulic, general, medical and surgical diagnostic and treatment equipment at the module or circuit board level that for example is being currently used on USNS Mercy for Pacific Partnership 2015.

I've always been interested in medicine and how we can apply new technology to advance medicine. That is the main reason why I decided to become a corpsman. When I found out about BMET, I had to get into that NEC (Navy Enlisted Classification). I love being a BMET every day. If you love your job, you will never work another day in your life. I would say that this NEC is the Navy's hidden gem. The training received is second to none. We are the heart of the hospital by maintaining the medical and dental equipment at the highest level for the command. Without proper maintained equipment, the hospital would not be able to provide the best healthcare to our patients.

We also deal with life-saving equipment that patients need to survive. If a piece of equipment doesn't do its job, they could very well die without it. That's a lot of pressure on us as technicians to maintain all the equipment in the highest form possible. Attention to details is paramount.

The most gratifying aspect of my job is that I get to ensure that all the equipment that is used by the com-

mand is completed to the highest standard possible. The equipment that is being used on my family and my extended-family (Navy shipmates) were completed by my shop. It makes me happy to see a child born here and know that I personally verified all the equipment that was used during the birth.

The best part about my career in Navy Medicine is the people I work with and the opportunity that it has given me. Thanks to Navy Medicine, I'm able advance my education and I'm just five classes away from completing BSAST in Biomedical Electronics without paying a cent.

BMETs work normally goes unnoticed. We maintain the hospital and without us the hospital would literally fall apart. We are normally only noticed when equipment breaks and then it's a rush for us to fix it. It normally is a thankless job and I don't think people understand the impact that this non-typical corpsman jobs has on every day.

As far as this award? It should really be Naval Hospital Bremerton's BMETs being recognized, not just myself.

Hospitalman Teresa Perkins, NHB Blue Jacket Sailor of the Year shares on nly being part of Navy Medicine

As related to Douglas H Stutz, NHB public affairs officer, Apr. 2015 — Perkins, a Radiologic Technologist is from Brentwood, Calif., graduated in 2008 from Heritage High School, and joined the United State Navy in 2010 "to explore new opportunities and serve my country."

Prior to joining the Navy I was interested in the medical field, specifically in medical imaging. Upon graduating Corps School I received orders to continue my education at the Naval Medical Training Center, Fort Sam Houston, for Radiography "C" School.

I was born in Leamington, Ontario, Canada, and grew up with siblings Christy and Matthew. Along with my

mother and siblings, I emigrated from Canada to the United States in 2001. During this time my mother married my step-father, Kurt, gaining three more siblings in the process, Kurt Jr., Melissa, and Madeline.

Navy Medicine has taken me to Great Lakes, Illinois (Boot Camp), San Antonio, Texas ("A" School and "C" School, Phase I), San Diego, Calif. ("C" School, Phase II), and finally to Bremerton (first permanent duty station).

The positions I hold are departmental MWR petty officer (primary), Supply (secondary), Emergency Preparedness (secondary), DECON team member, and Mammography Reporting System (sole active duty member).

The best part about my career in Navy Medicine is that I have been able to be trained in radiology modalities such as mammography and computed tomography, and my experience with Navy Medicine has consisted of thorough training, specifically in medical imaging. As a technical expert, my efforts resulted in over 1,077 diagnostic radiographs, 272 cross-sectional imaging studies, and 25 mammographic studies.

Whether official (above) or impromptu (below) Perkins has continually supported command efforts.

Overall, NHB's Radiology Department conducted 4,397 radiology exams last year including 2,148 magnetic resonance imaging exams; 5,880 computed tomography exams; 5,437 ultrasounds; 2,872 mammography exams; 418 Nuclear Medicine studies; and 389 fluoroscopy exams.

I have also completed 30 correspondence courses along with such notable classroom studies as attaining the American Registry of Radiological Technologists National Certification. According to department leadership, this is an important career milestone that radiology technologists several years senior have not yet accomplished.

I have been continuously ranked 1 out of 27 fiercely competitive seamen with Directorate Clinical Support Services.

I am personally responsible for the scheduling and monitoring the maintenance of equipment valued at over $9.2M and has provided countless training sessions for seven radiology college students preparing them to become fully qualified and skilled radiology technologists. I am also currently enrolled and training to become the sole enlisted Nationally Certified Diagnostic Imaging and Mammography Technologist and PACNORWEST Women's Breast Health Assistant Coordinator.

In accordance with the Mammography Quality Standards Act, I have updated and organized record keeping for quality control/assurance procedures, maintenance and physicist logs for the department's state of the art $450K Hologic Selenia 2-D digital mammography unit. In compliance with the American College of Radiology (ACR) guidelines, I created and implemented a baseline mammography standard operating procedure (SOP) that ensured proof of initial and continued medical certification and training of the department's two mammography technologists and six interpreting radiologists.

I am determined and devoted to her patients and the command and our mammography division passed the Food and Drug Administration and American College of Radiology Mammography Program inspections with flying colors; ensuring that Naval Hospital Bremerton would be able to continue to provide breast cancer screening services to 120K beneficiaries as well as maintain the command's Healthcare Effectiveness Data and Information Set (HEDIS) Green status for breast cancer screening.

To have been selected as Blue Jacket of the Year gave me great pride and I am honored to represent my leadership and the hospital.

I am Hospitalman Dominique Chesley

Wichita Fall, Texas native, assigned to NHB Main Operating Room as lead GYN surgical technologist

As related to Douglas H Stutz, NHB public affairs officer, March, 2015 — After graduating from Hirschi High School in 2012, I wanted to get out of the small town I lived in and was interested in Navy Medicine's behavioral health tech program. I grew up in Texas, enlisted in the Navy out of Texas, and after boot camp went back to Texas for a year of school.

I really liked my first few weeks of our clinical rotation in San Antonio. I was scrubbing in to Ortho Trauma surgery. It was amazing to me all the stories behind the different people that we worked on, and the events that lead up to them going into surgery. The surgeries were pretty lengthy, but it was definitely amazing. I think that's tied with the two weeks I got to spend scrubbing into pediatric open heart surgery. It was beautiful, seeing the heart so new, pure, and open, and sad at the same time because we were working on young children.

The best part about my career in Navy Medicine is that I love being a surgical tech - the behavioral health program was full at the time – no disrespect, but I'm glad! I love that I get to be helping, as physical changes are being made to a patient and their quality of life is being made better because of it. It's a wonderful feeling, and I don't think I would have been as happy if I were working somewhere else.

(In regards to the SG priorities of Readiness, Value and Jointness, Chesley is helping to provide agile, adaptable capabilities to support on-going mission and operation(s) of the command).

Readiness1 I moved around some of our storage area to create an obstetrics (OB) section in case of a Code Purple (OB emergency) that had gone south. This included three sets of instruments and a small kit of consumables to be pulled in case of emergent hysterectomy or D&C (dilation and curettage)/D&E (dilation and evacuation), that also included providing training to the 40B and MOR staff on those sets and consumables.

I also take part in training each new staff member for the operating room, dealing specifically in gynecology surgeries. Sometimes I branch out into the other services offered also, such as orthopedic and general surgery, and into the sterile processing department.

I've revamped the emergent carts (we have two, one for gynecology surgery and one for general surgery) so that we can ensure that they're always ready for use and a little bit more organized.

I'm also the safety champion for the MOR, which includes keeping everyone up-to-date on their safety training, making sure every staff member knows what to do in case of emergency, and I do a monthly walk through of our spaces to make sure they are within standards. I'm also a trainer for TeamSTEPPS (an evidence based program to help others with the strategies and tools to enhance performance and patient safety)

Chesley adheres to the Value priority by ensuring that the highest quality health care is being given to those in need as she carries out her duties

We're constantly trying to implement the most up-to-date, and best possible instruments, consumables, and processes for our patient. I've personally put together a Performance Improvement (project) where I moved a couple of sets, and put together a couple of "in case of a Code Purple" packs. I made a spot for it on our shelves outside of our C-section room so that the circulating nurse, who might not be used to the OR spaces, can find it quick and easily.

The SG's notion of Jointness, is not just relegated to working with other services. It also is applicable in a small-hospital setting like NHB, where Chesley works with others to pursue effective ways of carrying out the overall mission of providing for Sailors and Marines and their families.

As a surgical tech, we work down in the Sterile Processing Department quite often, so we're constantly cranking out not only the Main OR's gear, but also everyone else's. We also process from other areas such as Family Practice, OB/GYN, and General Surgery. In the Main OR we're not just working on our own patients either. Sometimes we get patients from the ships. It's not just the Main OR techs and nurses in the rooms either. We have anesthesia in the rooms, and sometimes Endoscopy staff and techs from Orthopedics.

A few words from a Navy Medicine hospital corpsman

(As related to Douglas H Stutz, NHB public affairs officer, Nov. 2014— When I decided to join the Navy as an undesignated seaman, my wife, Anna, knew exactly what I was doing. She called it my "midlife crisis."

I graduated from McAllen Memorial High School, McAllen, Texas, in 1997 and began my Navy career not like many others. I had a very non-traditional beginning. I quit my perfectly good job as a firefighter and paramedic and joined the Navy at the 'late age' of 30. I dreamed of being a "soldier" when I grew up and I although I had a great career, I always felt a call to serve my country.

I wanted to be a Marine, serving in a medical capacity, so the Navy was the answer.

My initial choice to become a hospital corpsman didn't happen, because the rate was overmanned. So, after I enlisted, I was assigned to Deck Department on USS Nimitz (CVN 68) I put in countless hours of on-the-job-training in hopes of one day fulfilling my true calling in the medical field.

After participating in Rim of the Pacific (RIMPAC) exercise off the coast of Hawaii, and sailing under the Golden Gate Bridge for the 75th Anniversary, I was provided an opportunity to attend Hospital Corpsman "A" School.

I spent hundreds of on-the-job-training hours in Medical Department once I found out. It was like relief washed over me. I was finally getting to do what I had joined to do!

Anna was elated.

I already had a "school background," so that helped and it's hard for me to sit still in a classroom. I had to discipline myself to sit and learn. Finishing at the top of my class was gratifying, as was getting a a commendation/ FLOC, selected for the C school I wanted, and getting the command of my choice - Anna was determined to go back to Washington.

Anna here, "I was beyond proud. It was such a wonderful day to bring in his whole family to see him graduate tops in the class. You could tell he felt a sense of accomplishment and pride. He's very humble, so he'd never admit it...It was SO gratifying to see him make it and make it look good!"

Flexibility is the name of the game in the military. I try to be ready to accept anything no matter what job I'm in. I have really adopted the term 'Semper Gumby.' I try to inspire others to always put forth their best effort.
My name is Lance A. Wooster, and I am Navy Medicine.

A few words from a Navy hospital corpsman raised as a Navy brat, deployment-tested and Purple Heart recipient.

As related to Douglas H Stutz, NHB public affairs officer, Nov. 2014— "Navy Medicine has taken me to eight different countries, three different combat zones, and two hospitals around the world,

It has molded me into the man I am today," stated Hospital Corpsman 2nd Class (Fleet Marine Force/Surface Warfare qualified) Dustin Zimmer, a Lemoore, Calif. native and Lemoore High School grad of 2002 currently serving as an advanced radiology technologist at Naval Hospital Bremerton.

I am the older of two children to my parents and grew up a "navy brat." In my sophomore year of high school, made the decision to enlist into the Navy after I graduated. It was definitely the best decision I have ever made. I have always had the desire to help and take care of others.

In 2002 I left for boot camp at Recruit Training Center in Great lakes, Illinois. Upon graduation I attended Hospital Corpsman "A" School and graduated March 2003 with follow-on orders to Naval Hospital Lemoore. Prior to checking in to Lemoore I attended Field Medical Service School in Camp Pendleton, California.

I have been the Leading Petty Officer of the Family Practice Clinic at Naval Hospital Lemoore, the Lead Radiology Technician at First Medical Battalion, and the sole radiology technologist and Leading Petty Officer of the medical department onboard the amphibious transport dock ship USS Cleveland (LPD-7).

From there I was the single radiology technologist with Fleet Surgical Team 9 and am now a radiology technologist at Naval Hospital Bremerton.

My most exciting assignment was being a Medical Augmentee to 1st Battalion 7th Marines and being deployed to Iraq in support of OIF 2, and the best part of my career in Navy Medicine is deploying to fight with my brothers in arms.

My experience in Navy Medicine has been the adventure of a lifetime and has allowed me to form friendships and bonds with others that will last a lifetime.

Zimmer exemplifies the intangible notions of Navy Medicine's priorities of Readiness, Value and Jointness.

In regards to readiness:

"I have sacrificed countless man hours, limitless knowledge, and expertise in my field to help support the mission at all cost."

Zimmer enhances value, not just by engaging in his duties.

"I consistently devote 110 percent towards giving patients and beneficiaries the care that they deserve. I am also dedicated to furthering my knowledge in medicine and fine tuning my skills."

Yet perhaps where Zimmer's efforts stretch beyond his already above-average effort are with Jointness, and working with others are helping to pursue effective ways of carrying out the mission.
From working alongside medical doctors in a field hospital in Iraq to caring for patients with nurses upon an amphibious ship, all of us held a specific role in maintaining the best quality of care that we could and will continue to provide for our patients.

The positive experiences that our patients receive allow us to provide the support to not only our service members but to our families and veterans who serve and support all of us in turn.

As on every deployment, there's also sacrifice and added commitment not only to the Navy surgeon general's priorities, but also the Corpsmen Creed and Navy Core Values.

While performing his assigned duties in Western Iraq near the Syrian border, Zimmer sustained wounds on scouting and safeguarding the vicinity.

"It was with 1st Battalion 7th Marines Alpha (Animal) Company in Jan. 2005 while serving in Al Qaim, Iraq, I got shrapnel to my back and a facial laceration to my left eye in the Humvee I was riding in while patrolling our Main Supply Route. My vehicle sustained a devastating Improvised Explosive Device attack crippling our vehicle and wounding three of us in the truck. My vehicle immediately caught fire after the explosion and all were thankfully minor wounds."

A few words from a Corpsman with Surgical Tech Specialty Training.

(As related to Douglas H Stutz, NHB public affairs officer, Nov 2014— From the Lone Star state to the Land of the Rising Sun, Hospital Corpsman 3rd Class Miguel M. Vega joined the Navy from Austin, Texas, graduating from McNeill High School in 2004. After starting community college then trying to find his niche in business, his interest in a career in medicine had him gradually gravitate towards enlisting in the Navy where he then held out to enlist as a corpsman.

After completing his requisite boot camp, he moved across the street for the Navy Hospital Corpsmen School, which was then followed up by attending 'C' School for Surgical Technologist, one of just the second class at the then new Navy Medical Training Center in San Antonio.

From there he took orders to Naval Hospital Okinawa for two years where he held such duties as Lead Neurosurgical Technologist for 10 months, Leading Equipment Petty Officer for 20 months, and Leading Petty Officer Central Sterile Processing Department for 14 months.

Vega is currently one of approximately 30 surgical technologists at Naval Hospital Bremerton that handle duties and responsibilities in NHB's Main Operating Room, and also staff clinics such as Ears Nose (and) Throat (ENT), Dentistry, Ophthalmology and Urology. He's Lead General Surgical Technologist and Assistant Leading Petty Officer for the Main Operating Room

According to compiled data, there are nearly 1,000 surgi-

cal techs in the Navy and nearly 59,000 in the U.S. Navy surgical techs serve on all types of platforms, in various duty stations and on a number of assignments. They can be found from shock trauma teams near a combat zone to fleet surgical teams helping with humanitarian assistance missions to a military treatment facility like NHB providing supporting in a number of depatments.

“Naval Hospital Okinawa was very difficult but also exciting. As my first command, I fell in love with the Neurosurgical Specialty and wish to continue it as a career path specialty. I had to learn very quickly how to run a surgical specialty, then later I had to learn how to manage a department. The career highlight so far with being a part of Navy Medicine has been the travel. I could not think of a way I would have ever ended up living in Japan, let alone, scuba diving in a tropical remote island almost every day, without joining the Navy. I was able to learn and enjoy a whole new culture, explore Okinawa and its surrounding islands.”

Vega’s dependable efforts have helped him support the SG priorities of Readiness, Value and Jointness.

“While in Okinawa, Japan, I helped with the transition from Camp Lester to Camp Foster’s new Naval Hospital that now continues to serve as one of the largest MTFs in Navy Medicine West. And as a member of NHB’s Command Assessment Team, we assist with any equal opportunity issues that arise and do our best to ensure a comfortable work environment for staff, and patients alike. As ALPO I ensure our enlisted staff are up to date in training and physical readiness as well, all of which have helped to provide agile, adaptable capabilities to support on-going mission and operation(s) of the command for our readiness.”

There is apparent Value with Vega’s daily duties as he helps ensure that the highest quality patient-centered care is being given to those who come into the Main OR.

“As Assistant Petty Officer I have engaged in many process improvement taskers within the Main Operating Room, as well as in Sterile Processing Department to ensure that we are not just meeting the minimum requirements in our Standard Operating Procedure, but also maintaining a higher level of care in our facility.”
Jointness is also apparent in Vega’s responsibilities as he carries out the command’s mission beyond his Surgical Technologist duties.

“As a Diversity Team member, we conduct monthly meetings and hold monthly events to promote jointness in our Navy. This helps advise and remind all personnel that we really are ‘One Team, One Fight.’ This supports and improves cohesiveness for our active duty, patients, and civilian staff.”

Rendering immediate medical assistance when needed has always been part of the Navy hospital corpsmen creed, and it became at time a daily occupational necessity on patrol during operations in Iraq. Navy hospital corpsmen not only rendered aid to coalition forces but also provided help to numerous Iraqi civilians throughout the almost nine years of U.S. involvement. According to data released by the Pentagon last year, over 68,000 Iraqi people suffered injuries after being wounded by improvised explosive devices/ homemade bombs in the past five years.

What's been difficult for Hite, as well as others, is that besides the predictable awkwardness in communicating between different cultures, there is dealing with time and resource constraints in everything they are doing during missions.

“But medicine can be translated in charade, and smiles are a universal language,” Hite said, who did manage to get several days of sightseeing in Subic Bay, the former U.S. Navy Base locale. “Although I spent three days on shore there, this entire deployment has been full of incredible sights. Many of my relatives were in the Philippines during WWII and it was very humbling to return under such different circumstances.”

“We undoubtedly changed and even saved many lives while there. But there will always be patients. The true power of this mission comes from empowering the host nations to continue on providing for their people once we leave. Whether it is engineering teams building schools or surgeons showing host nation staff how to do procedures, the value in these missions extends far after we depart,” commented Hite.

The entire mission so far has been professionally interesting for Hite. He has taken the opportunity to sit and share with many different people from different countries.

“I have been able to learn more about their cultures, both military and medical, and how we can incorporate some of those attitudes and ideas into our own. I was truly impressed with the adaptability of everyone that has come on board,” said Hite.

The partner nations who participated during the two-week PP12 mission in the Philippines were Australia, Canada, France, Great Britain, Japan, Malaysia, Netherlands, and the United States. There were also 16 NGOs and Agencies providing support; Global Grins, Latter Day Saint Charities, OCEANIT, Project Handclasp, Project Hope, University of Hawaii Schools of Nursing, Engineering; University of California, San Diego Pre-Dental Society; World Vets; Bugto; Calbayog Rotary Club; Catbalogan Fire Brigade; Fit for School; Western Samar Development Foundation; National Oceanic and Atmospheric Administration; U.S. Department of Justice; U.S. Department of State; and United States Agency for International Development. Statistical notes compiled and released by Pacific Partnership 2012 help to show the impact of the mission in the Philippines.

There were four Engineering Civic Action Projects, six MEDCAPs, two Surgery Civic Action Projects, five Bio Medical Education and Training, 13 Veterinary Civic Action Projects, and 18 Subject Matter Expert Exchanges (SMEE).

There were a total of 16,290 patients triaged in the various MEDCAPs, with 6,974 medical evaluations completed for 4,315 adult and 2,659 pediatric patients; 6,631 optometry exams completed; 7,082 prescription glasses dispensed; 9,956 sunglasses dispensed; 2,685 dental evaluations completed; 5,336 tooth extractions In Surgical Procedures, there were 603 patients screened and evaluated and 271 surgeries completed that consisted of 103 general, 71 ophthalmologic, 24 dermatologic, 27 ear/nose/throat, 15 plastic, 12 OB/GYN, 17 orthopedic, 2 anesthesiology specific cases.

There were also important Medical SMEEs with 16,679 total contact hours on such issues as Disaster Relief, Trauma management (adult and infant basic life support); heart attack immediate care and post op care; mental health; Combat Lifesaver Course; malaria, dengue fever awareness; and Pediatric and OB/GYN emergencies.

The Veterinary Civic Action Projects supported care with 2,259 total animal encounters and 791 vaccinations. There was also 2,994 total contact hours of SMEE conducted with Bio Medical Education and Training (BMET) that included 117 items evaluated and 75 items repaired.

In addition to aiding the health, security, and improvement of disaster response capabilities of the host nations, the partnerships forged through Pacific Partnership missions help to ensure that the international community is better prepared to synchronize and function together as a coordinated force when disaster strikes.

After the completion of their current mission with Vietnam, PP12 heads to Cambodia.

Through active engagement with host nation officials and militaries, subject matter expert exchanges, civil action projects and medical exchanges, the mission will continue to build the regional partnerships and collective abilities needed to respond to natural disasters.

PP12 is sponsored by the U.S. Navy Pacific Fleet and now in its seventh year.

Bremerton to Bagram, Kitsap to Kandahar, A Deployed Decade recapped

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — If there's been one constant throughout this past decade – and century up to this point - its Naval Hospital Bremerton (NHB) staff members deployed to Afghanistan.

Whether at dangerous forward operation bases in outlying districts, the busy trauma center at NATO Role 3 Multinational Medical Unit or hectic Bagram Air Field, Navy Medicine personnel have been - and still are – down range.

Hundreds of NHB doctors, nurses, hospital corpsmen, and support staff have answered the call supporting Navy and Marine units as individual augmentees (IA), or attached to a joint command at a number of locales across the war torn country to provide medical care to those in need.

The following chronological accounts represent a fraction of those who have gone in harm's way for Operation Enduring Freedom, Operation Resolute Support, and Operation Freedom's Sentinel. These individual accounts all share one overlapping theme; that of putting service before self in a dangerous land.

Chief Hospital Corpsman Connie Smith was still planning holiday decorations and helping with a holiday meal back in 2009 even though she was over 6,725 miles from home.

Smith, from Kimberly, Idaho, deployed from NHB to Bagram Air Field. She was attached to the 30th Medical Command Task Force, Cooperative Medical Assistance (CMA), a combined Soldier, Sailor and Airmen joint command that focused on health service support, force health protection planning, medical logistics, patient movement, and health care policy.

Smith was operations chief/noncommissioned (noncom) officer in charge of the CMA for the Strong Food Project to help combat endemic malnutrition in local children under the age of five.

"The project helps kids from six to 60 months regain a normal appetite," explained Smith.

According to NATO's International Security Assistance Force Afghanistan, the project began in November 2008 in the southern Afghan province of Zabul. Strong Food is composed of five simple ingredients which can be purchased by locals and then combined with liquid vitamins. The resulting mixture is a daily, high-fat, sweet-tasting blend for children with severe malnutrition.

"I came hoping to make a difference in the lives of the Afghan people," said Smith, who had served in the Navy for 21 years at that time. "The programs we provide are helping them to self-sustain."

According to compiled statistics at the time, the Infant Mortality Rate in Afghanistan in 2009 was 151.95 per 1,000, behind only the West African nations of Angola and Sierra Leone.

"The Infant Mortality Rate is a very important measuring tool," stated Capt. Fred Landro, NHB Branch Clinic Director and department head of Occupational Medicine. "It really is the barometer of the level of health of the country."

There was also a high risk for major infectious diseases amongst the local population, with food and waterborne diseases such as bacterial and protozoal diarrhea, hepatitis A, and typhoid fever, and vector-borne diseases such as malaria, and rabies.

There was no shortage of work for Smith and her team. She was also found that her gender augmented her corpsman knowledge in gaining access to locals that social and cultural norms would not allow for male medical per-

sonnel. Females made up over 48 percent of the population in Afghanistan.

As a high ranking female noncom, Smith was able to see Afghani women and children needing medical support and health care.

“Most of the people were happy to see us,” noted Smith. “While doing a mission in one area, I treated a local Afghan girl who was very strong willed and determined. When I noticed that in her, I knew the mindset is out there that the women can do what needs to be done. While in another area I was the only female provider, so I was working with a local Afghan male doctor, who of course had a great deal of more medical knowledge than I, but the local women would ask to see me.”

As one of the few females with medical knowledge around, Smith participated in numerous humanitarian assistance projects, as well as women/child clinics, once seeing approximately 600 local Afghans in a three-day period at one arranged clinic.

Despite being away from her own children, Smith was very active with Afghani children in her duties.

“I think helping the children has been the most heart touching fact. I hope that what we are doing will make a better life for them.” Smith said.

For Hospital Corpsman 2nd Class Brian Lawrence Sandau, his time down range was in volatile Helmand Province in the southern part of the country, 2009-2010.

NHB’s Ophthalmology Department surgical technician was an IA with Charlie Company, 1st Battalion, 5th Marine Regiment, conducting a critical and precarious offensive in the Helmand River Valley

“It definitely felt like at times being in the middle of hell,” said Sandau, a Tripp, S.D. native, working out of Patrol Base Jaker, located on a wide stretch of the Helmand River valley.

Sandau was part of the Marine Corps initial push into the Taliban heartland. After a Marine Corps force of approximately 200 went in to augment and relieve a British force, Sandau came in with a larger force of 500 a several days later.

“We flooded the area overnight,” related Sandau. “The Taliban woke up and found they had a Marine battalion in their back yard.”

There is an important market town near by the patrol base. The presence of the British and American troops, along with Afghan Army and National Police forces, systematically turned what was a frightened district back towards a calm normalcy.

“We made that area a much more stable and secure place,” Sandau commented. “Residents gradually began to move back. There were merchants in the market place where once there were none. The bazaar opened for business. People were shopping. Even the school reopened.”

“They felt safer because we were there,” continued Sandau. “The local Afghans told us that they wanted security, but many had to be cautious not to be seen with us. Still, one highlight I will remember is when one of the locals came to point out where he had noticed Taliban digging to rig an IED. It took a lot for him to do that. That was a huge risk on his part.”

Sandau attests that the reason why the local shared his knowledge is due to the element of trust that had been established. For his part, being a Navy corpsman proved valuable not only for the Marines he cared for, but also for the local population. After beginning the offensive with the command element, Sandau went to a weapons platoon. He was on patrol every day, carrying 75-plus pounds of gear in summer heat that reached triple digits daily. He interacted and treated locals.

“It was not the most forgiving environment and our patrols weren’t high tech. They were down-and-dirty, ‘Boots on the ground.’ There were times when it was really difficult for us to tell who was who. Sometimes the scene did it for us. After one firefight with a lot of small arms fire coming at us, three insurgents scattered on motorbikes. Another stayed back to see how we responded. They were just feeling us out,” recalled Sandau.

Once the local found out he was a ‘doc,’ any reluctance on their part vanished if medical care was needed.

“They weren’t as worried seeing us or being seen by others seeing us. It was a waterfall effect. The word got around,” said Sandau.

His medical kit bag could only carry so much. He provided treatment for a variety of ailments. Additional treatment for many at the patrol base was considered out of the question by locals who continually feared repercussions.

“They would take what we could give them at the time.”

Danger became as common as the swirling dust and suffocating heat. There were constant threats of booby-traps and IEDs on patrol. Mortar rounds, rocket propelled grenades (RPGs) and small arms fire continually thudded into the patrol base.

“It took a while but I finally got used to it. As we all did,” said Sandau, explaining on how he and others handled the shooting.

The patrol base was as austere as they come. Sandau spent three months in the close-confined area, with approximately 30 Marines, one other corpsman and a host of Afghan forces. In such a harsh environment, it was almost a culture shock to have almost none of the normal comforts associated with the 21st century. Being able to contact home was a limited luxury. Email connectivity was not available. Sports drink mix added to warm drinking water was a luxury.

“Everyone was in the same situation, even the colonel in charge,” said Sandau. “We all adapted and we all got through it.”

At Kandahar Air Field Role 3 Multi-National Medical Unit in nearby Kandahar province, NHB Sailors were setting a back-to-back-to-back precedence.

Hospital Corpsman 3rd Class Bryce Moheit was recognized for his performance as a surgical technician in the Role 3 Trauma Hospital’s Operating Room (OR) with the Junior Service Member of the Month award for April. Moheit followed Hospitalman Andrew Brown, of NHB’s Labor and Delivery department, who was named the initial recipient in February for his work in the Intermediate Care Ward. The March awardee was HM3 Levi Arcaira from NHB’s Internal Medicine department for his contributions in the Urgent Care Unit.

Moheit noted everyone was striving to improve upon their 97 percent casualty survival rate.

“What we do in the Operating Room is vital in saving lives and helping make a difference in this region of the country,” said Moheit.

Moheit’s role as a surgical tech had him readying all instruments and equipment for any OR case, many times with little or no notice beforehand. Day or night, he assisted the surgeons by providing whatever aid was needed be it for neurological surgery, interventional radiology, orthopedic or vascular needs, and more. After one case is over, he helps handle the sanitizing and cleaning up, as well as the restocking of supplies for the next trauma case.

“Preparing for a case while the casualty is being quickly evaluated in the trauma bay is very important,” said Moheit.

More often than not, there was always a following trauma case. Fighting persists against the Taliban not just in the Kandahar region. Casualties arrive from near and far battlefields. Local Afghans also seek treatment for a host of ailments.

“Most of the time we had six to nine cases on the board for the morning shift. We take care of a lot of local nationals as well as coalition forces, everything from triple amputation to a multiple person motor vehicle accident,” said Moheit, adding that a normal work day easily stretches well beyond 12-hours, before starting all over again.

Moheit cited that NHB helped develop his fundamental knowledge and skills to handle the work load and stress level in a war zone.

“I came with experience and got a lot more being here. I have also had a life lesson in compassion and pain. There are those who come in and don’t make it. When I leave the OR, I have seen grieving people from their unit or family. All I can do is offer water and kind words to help lessen their hurt. As with them, I will never be the same,” Moheit said.

HM2 (Fleet Marine Force qualified) Michael Marchante was one – of many - who immediately responded to the need of emergency medical support.

Marchante was involved in combat operations searching for enemy locations when a soldier from the Republic of Georgia stepped on an IED in a wadi (dry streambed) in southern Helmand Province.

He ran approximately 300 meters – well over three football fields in length - across improvised IED laden ground through small arms fire to save the life of a severely wounded soldier.

Once reaching the badly wounded platoon commander, he promptly applied tourniquets and pressure dressings to staunch the rapid blood loss, still coming under enemy gun fire. With the bullets flying all around, he shielded the casualty with his own body and continued to provide life-saving medical care.

For his actions on that day, Marchante was recognized with the Bronze Star medal with Combat Distinguishing Device.

“It was just something that came naturally. As soon as I heard the blast, my training kicked in and I ran to provide medical care. I was the only corpsman there, and that’s what we do,” said Marchante, understating the surrounding dangers of his involvement.

The day began with Marchante, from Murrieta, Calif., part of a mounted Marine patrol that linked up with other coalition forces to participate searching a specific area that was known to provide the enemy with firing positions.

After Marchante’s group established a western vantage point in the area in question, they soon came under sustained small arms fire. Meanwhile, elements of the 33rd Georgian Light Infantry Battalion were actively sweeping for reported IEDs in the area. The soldiers were moving back to their vehicles when the scout platoon commander stepped on the pressure-plate IED. The subsequent blast hurled him into the air, amputated his right leg, and peppered his other lower extremities with shrapnel.

Marchante immediately grabbed his medical kit bag and followed his team leader and two Marine explosive ordnance disposal (EOD) technicians as they quickly swept a safe path through the threat of secondary and tertiary IEDs to the wounded soldier.

Witnesses noted that the enemy gunfire was heavy for the first two to three minutes with rounds landing within inches of Marchante as he focused his complete attention on saving the life of the soldier in front of him. Without regard for his own safety, Marchante instinctively used his body to shield the casualty. While initially positioned at the foot of the

casualty, he then pivoted, exposing his back to enemy fire while he knelt over the casualty to continue to provide protection as he rendered the needed critical care. As the enemy fire continued, other coalition personnel went prone to avoid it, but Marchante remained in his kneeling position to continue to provide vital emergency care.

He applied tourniquets to both legs and several pressure dressings to stop the heavy blood loss. After the Marines positioned a Mine-Resistant, Ambush Protected (MRAP) vehicle to shield the casualty and Marchante, that ended the incoming gunfire threat. By that time, the bleeding had stopped and Marchante assisted in loading the casualty into the vehicle which was then used to transport to a hastily-setup helicopter landing zone. Marchante continued to provide medical aid in the MRAP and up to the point the casualty was handed off to the crew of the Medical Evacuation helicopter.

Throughout Marchante's deployment, his medical assistance was officially documented to be directly responsible for preserving the lives of 14 Georgian soldiers. The summary of action on his award for the Bronze Star read in part that 'his courage under fire, his care for his fellow man, and his proficiency as a corpsman were inspiring to witness.'

"The Marines I deployed with, Army medics and other corpsman in Afghanistan and elsewhere…this is what we do. I didn't think I did anything special, except my job," Marchante said, at the time attached to Supporting Arms Liaison Team Delta, 1st Air Naval Gunfire Liaison Company, Headquarters Group (Forward), 11 Marine Expeditionary Force (Forward) from May 15, 2011 to Dec. 4, 2011.

Their mission to provide support to a few isolated patrol bases manned by soldiers of the Republic of Georgia.

"Marchante displayed courage in the face of the enemy while under fire, and his actions undoubtedly saved the life of the scout platoon commander that day," stated U.S. Marine Corps Capt. S.A. Stewart, team leader, who witnesses the actions.

Overall during that time, Marchante conducted over 100 combat patrols and 50 convoys in support of the 33rd and 31st Georgian Light Infantry Battalion. He established himself as the most knowledgeable medical provider for over 400 Marines, Georgian soldiers, Afghan National Army soldiers and Afghan interpreters.

Along with being continually sought out to provide medical care ranging from scorpion stings to gastrointestinal concerns, Marchante also mentored and tutored the Georgian medics. He also rendered medical care to local nationals, including treating one child suffering from an open fracture. Because of that care and compassion, he helped strengthen the relationship between the Georgian soldiers and the local residents, considered one small victory in the difficult counterinsurgency fight.

Despite Operation Enduring Freedom ending Dec. 29, 2014, Operation Freedom's Sentinel completed Mar. 31, 2019, Operation Resolute Support continues as a NATO-led mission to train, advice, and assist the Afghan National Defense and Security Forces and institutions.

HM1 Nicholas Behel returned from spending approximately a one-year deployment. He was one of three Navy biomedical equipment technicians supporting the NATO Role 3 Multinational Medical Unit in Kandahar, Afghanistan.

"I felt that my work had a direct impact on my unit's ability to complete its mission to render medical aid to American troops and their coalition partners," Behel said.

A biomedical equipment technician like Behel is considered vital to maintain, troubleshoot, align, and calibrate medical equipment.

"In this remote setting, we were the subject matter experts on all facets of the medical equipment life cycle. This included tracking and maintaining around 700 pieces of equipment, providing emergency repairs, ensuring that new equipment requests were compatible with the facility," explained Behel.

Due to the locale, Behel and his other 'bio-med techs' also served as primary casualty receiving personnel and managed their unit's fleet of vehicles.

"The phrase 'turn water into wine' became a slogan for the biomed shop after we managed to revive multiple ag-

ing pieces of equipment including our dental x-ray which was formerly deemed unrepairable," recalled Behel.

As many will readily attest, an Afghanistan deployment can – and will - present many challenges. Behel was faced in dealing with limited spare parts, ageing equipment, operating in a harsh environment that could impact equipment, and a facility with an unfamiliar power supply serving equipment with mixed requirements.

Hospital Corpsman 1st Class Behel also took time to share his expertise as a bio-med repair tech to share with local school age students at the Kitsap Water Festival on a variety of H2O topics such as the pros and cons of aquaponics (soilless agricultural method using the nitrogenous waste produced by sea life and broken down by bacteria to fertilize water-grown crops) and hydroponics (which fertilizes water grown crops via a nutrient water solution)

Yet throughout it all, they made it happen.

"Further, as a biomed technician, our orders were twice as long as our shipmates, resulting in being part of three different rotations. I definitely feel like it was worth it. I made many lifetime friends and got to serve with people from many different places in the world all working towards a common mission. I feel that my sense of humanity was greatly expanded during the experience and am proud of the difference that my country is making," stated Behel.

The 97 percent casualty survival rate achieved on the fields of battle in Afghanistan - and Iraq—did come at a tragic cost which NHB remembers.

There are 57 etched names of hospital corpsmen, 26 who served in Afghanistan, represented on NHB's 'Hospital Corps Heroes' Wall of Honor,' all lost serving their country during time of war.

As Rear Adm. Bruce Gillingham, Navy surgeon general and chief, U.S. Navy Bureau of Medicine and Surgery has announced, the Navy's renewed emphasis is in operational readiness with the core mission of ensuring force medical readiness and medical force readiness.

That emphasis and primary responsibility extends far beyond Central Asia to ashore and afloat needs across the globe to increase survivability in any difficult environment.

Such as that experienced by the men and women of Naval Hospital Bremerton down range.

Note:
Role 1 - refers to emergency medical care in the field, historically handled by independent duty corpsmen.

Role 2 - is a Battalion Aid Station providing emergency surgical care, stabilizing hemodynamic status in order to send the patient to the Role 3. It is also where the wounded are linked up with a nurse and physician in the chain of evacuation.

Role 3 - multinational medical unit at Kandahar Air Field has the highest level of care available in theater, with additional capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, and preventive medicine.

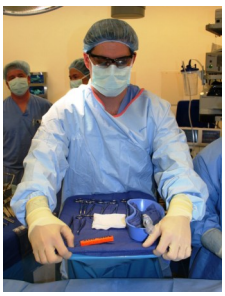
Role 4 - Landstuhl Regional Medical Center, Germany, is the largest American hospital outside the United States.

Role 5 sites are stateside hospitals with complete treatment and rehabilitation capability.

Snap Shot 2013...

SNAP SHOTS 2014

SNAP SHOTS 2015



Senegal Visit by Naval Hospital Bremerton Corpsman a Fulfilling Jiu-Jitsu Journey

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs (Published April 2016) -- Grappling with cross-cultural differences between America and Africa was a technique recently shared by a Naval Hospital Bremerton staff member with one skillful hold, one applied grip and one sparring session at a time.

Hospital Corpsman 1st Class (Fleet Marine Force/Aviation Warfare/Information Dominance Warfare) Christopher Colley, assigned as leading petty officer with Naval Hospital Bremerton's Branch Health Clinic Bangor, recently visited Senegal with Team Big Brothers a Brazilian jiu-jitsu club to teach, train, and conduct a tournament with very receptive crowds of enthusiastic Senegalese.

Colley, a Black Belt, and eight other team members spent March 10-15, 2016, in Dakar, the sprawling capital, mingling and immersing with fledgling mixed martial arts novices.

It was the third visit for the team to West Africa.

"Our goal was to spread the word on the martial arts discipline of Brazilian jiu-jitsu, as fitness, as exercise and as a perfect grappling sport that is akin to their national sport of 'laamb,' or Senegalese wrestling,. So there are some similarities," said Colley, noting that the popularity of 'laamb' in Senegal is equivalent to what football is in America.

"There's definitely a national mania. It seems the entire city shuts down if there's a match going on. Every television is tuned in and the volume is as loud as it can be. It's an all-consuming pastime," Colley said, a Northern Virginia native with 11 years in the Navy and one year at NHB, including stints assigned at a small NATO command at Lisbon, Portugal, with Naval Health Clinic Quantico, Va. and on Okinawa.

Colley explained that the Senegal trip came about after a brainstorming gathering with Team Big Brothers to determine where would be a good place to visit and actively involve interested people in Brazilian jiu-jitsu.

"We wanted to go someplace where we would be well-received, and there had already been teaching trips there before. It was also a big plus to have one of our black-belt member having family and contacts," said Colley.

Team Big Brothers determined that Brazilian jiu-jitsu would help Senegalese fighters advance their skill level possibly enough to be able to try and compete in mixed martial arts, a sport that has experienced sizable growth and increased popularity in the past decade.

According to Moustapha M'Bengue, an African social activist/community organizer, there are approximately 6,000 registered professional Laamb wrestlers in Senegal, yet with very few opportunities to succeed. M'Bengue hopes that Brazilian jiu-jitsu and mixed martial arts will create opportunities for young athletes.

Additionally, Colley attests, the Senegalese are a fitness-based culture. It's not unheard of to see hundreds of people on a stretch of beach doing a group-aerobic exercise routine/class.

"The big difference this year besides teaching and getting more people involved as students was that we wanted to hold a tournament, along with reengaging from past visits. We wanted to make it so that by putting on a tournament, it could become self-sustaining so they wouldn't be dependent on us returning," Colley said.

Although there were cultural and language differences between the Senegalese and visiting Americans, by sharing Brazilian jiu-jitsu, the physicality of the martial art became a hands-on method to communicate.

"Despite a limited grasp of language by us and those we met, there was shared passion between us that had a profound affect. It was a tremendously positive experience. For example, we learned quickly that when we were in a gym, we would start in with seminars for those there, going over everything from basics to finer points. We might teach for an hour and a half and then spare for an hour. Then, after starting with 20 to 50 people of all ages, that number would quickly double. There was one time that particularly stands out. What started as a class for just about 15 suddenly expanded as 60 children, ranging from ages 4-8, all wearing mini-judogi (uniforms) turned the session from adult-based into a fun-filled experience tailored to the youngsters," said Colley.

It was working with that group of children that provided Colley with perhaps the memory he retains the most from his time there.

"With that group of kids, there were two sisters, about four years old. They were in a small group and as I watched them, I saw them each share pointers with the other that one might have missed. Now with any adult in such a class, they're receiving so much information at once it's hard to take it all in. Anyone can only hope to catch so much at a time. But what those two did was something that we always hope happens, in that a student will learn not only as a competitor but also as a trainer because they are sharing as well as learning. For example, there is a way of gripping to maintain control of your opponent, and it was very surprising that the youngest and smallest girl picked up on that. Really unusual to see in someone so young. But then it's been said that children can pick up another language at an early age easier than an adult can later on in life, and jiu-jitsu is like another language. It's a physical language and she was picking it up," said Colley.

It was by happenstance over 16 years ago that Colley discovered for himself the language of Brazilian jiu-jitsu, an off-shoot of judo, which emphasizes ground fighting by using specific techniques to take the opponent to the ground and execute submission.

In his high schools day, he stood 5'10", but only tipped the scales at 98 pounds. He was labeled clinically underweight and bluntly informed by a doctor that he needed to add muscle on his frame.

"I went to the gym, but found it boring. It was recommended to try and join a sport. Any sport actually. I looked into martial arts and discovered a judo class. When I observed the class, what stood out to me was that there was never negative, always positive feedback on how to become better. I found out I could train for one month to see if I liked it, and then sign up. Almost immediately I fell in love with it. Although I moved due to work, I found another class and went from three days to six days of training. It became my life for a few years until I joined the Navy," related Colley, adding that along with continuing his involvement in the sport once in the Navy, there have

been gaps in his training. He taught in Okinawa which helped him feel comfortable in a role as an instructor, but during that time he didn't advance his skill level.

Colley became part of Team Big Brothers from Northern Virginia/DC area with the patriarchal academy in Woodbridge, Va. in 2010 while stationed at Quantico, Va., and the members took him in like no other group. They knew he was in the Navy and were very accommodating.

"It's was like being part of an exclusive fraternity," Colley said.

With his skill level honed due to his dedication, discipline and drive, he competed in the 2011 Pan-Am championship and got a silver medal in the light class (between 167 and 181 pounds) as a purple belt master (the intermediate adult ranking in Brazilian jiu-jitsu cites the practitioner has gained a large amount of knowledge and may be considered qualified to help instruct lower-ranked students). In 2014 Colley competed in Copenhagen, Denmark and double-medaled in his weight class and in the open class as a light weight, a notable double-feat because usually it's a competitor from a heavier weight class that wins.
What began with the original intention to find a way to exercise that wasn't boring evolved into the driving passion of his life. When on leave, it revolves around the sport, with teaching, training and competing, and traveling to the almost-surreal surroundings of Senegal.

The West African nation is also seeped in history. The island of Goree, known for the location of the infamous House of Slaves and the 'Door of No Return' was the last place on the continent that slaves bound for the Americas would see. In 2013, President Barack Obama visited the site.

"We took just one day to sightsee and enjoy the cultural experience with no schedule or agenda for us. It was such a unique sensation to simultaneously understand the horrors of history and the current beauty. It was difficult to settle the mind on how to think and feel about it," related Colley.

Present day Senegal also presented continual reminders that foreign traveling is always an experience.

"One noticeable difference is that the notion of time in Senegal can best be referred to as there being a lack of punctuality which can make planning difficult. Locals just grow up that way. Being late is not a concept to dwell on. Being a member of the military, we're used to being on time for everything and taught that 'early is on time.' It was hard to wrap my mind around but I got used to it. It's also a haggling culture. The price of something is the starting point to get into a discussion of what you'll eventually pay. If you don't haggle, you will be told that you should," explained Colley.

The Senegal trip is one that has reminded Colley how events have come full circle for him. He's trained, competed and been an instructor in every country he's been stationed and visited.

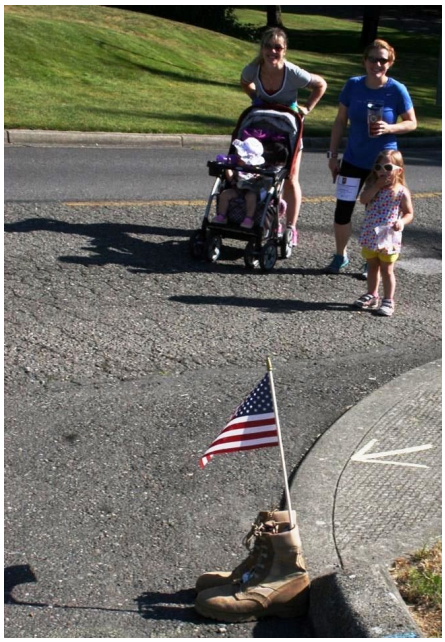
"I worked in a dental clinic before joining the Navy. There was an elderly guy who came in one day and we started talking. He shared that if you're going to go in debt, don't do it over buying a car or a big television. Do it to travel and see the world, tour other lands and experience other cultures. That was a factor for joining the Navy. I have taken advantage in following his advice as a corpsman and with Brazilian jiu-jitsu. I was happy to get approved to go to Africa. I had misgivings it wouldn't happen and fears about going. It took close to a year to get approved. We could have hardly picked a more difficult place. But what we experienced can't be replicated except in person. It was a broadening experience for me, for those I was with and especially for those in Dakar that we met, instructed, trained and sparred with. It was very fulfilling," Colley said.

The only grappling issue that Colley currently has is where to go next to teach and train, again with one skillful hold, one applied grip and one sparring session at a time.

Honoring Those Fallen – One Mile at a Time

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs –The physical and mental challenge of distance running was enhanced by the emotional and spiritual connection to help honor those fallen in Naval Hospital Bremerton's 4th annual Corpsmen Remembrance Run.

Runners, as well as several walkers, from primarily the hospital corps community gathered on June 5, 2016 to uphold the legacy of corpsmen lost serving in Iraq and Afghanistan while supporting Operation Enduring Freedom, Operation Iraqi Freedom and Operation new Dawn from 2001-2015.



For Hospital Corpsman 1st Class (Fleet Marine Force/Surface Warfare/ Aviation Warfare) Maria Desouza, the event was personal. She ran not just to remember fellow corpsmen, but also a good friend Hospital Corpsman 3rd Class Eichmann A. Strickland.

"HM3 Strickland and I were friends at Naval Medical Center San Diego and Field Medical Service School Camp Pendleton. We both left for deployments around 2007-2009 to Middle East areas. I was on USS Bonhomme Richard (LHD 6) and he was stationed with the Marines in Iwakuni, Japan. I was on my deployment when I found out that he was killed in an Improvised Explosive Device blast in Afghanya Valley, Afghanistan. Another corpsman who was stationed with him in Iwakuni had just checked onboard our ship during deployment and told me what had happened to him. Before, we were writing snail mail back and forth. I kept all his cards and pictures he sent. He was always positive, motivated, had a great sense of humor, and was always smiling. He wasn't sure if he wanted to stay in the Navy as a career. He was only going to stay in his first enlistment as a stepping stone to medical school. But he told me that being with the Marines taught him a sense of pride and legacy for being a Navy Corpsman with the Marines," shared Desouza, who ran 11 miles in his honor.

Strickland, from Arlington, Wash, was assigned to Combat Service Support Detachment 36, Iwakuni, Japan. He deployed as a member of a U.S. Marine embedded training team to Afghan Regional Security Integration Command Central and died Sept. 9, 2008 from injuries sustained when the vehicle he was driving hit an improvised explosive device in Afghanya Valley, Afghanistan.

Chief Hospital Corpsman Maribel Neanover was up well before dawn to run. Her goal was to get in as many miles as possible before the anticipated unseasonably hot weather made any such effort even more difficult.

"I ran in remembrance of Hospital Corpsman 3rd Class John D. House. During my second tour in Iraq as a Fleet Marine Force corpsman I was stationed at Shock Trauma Platoon House, which was named after him," said Neanover, who tallied 11.5 miles.

House died along with 26 Marines from Kane'ohe Bay, Hawai'i, in the crash of a CH-53E helicopter on Jan. 26, 2005 near Rutbah, Iraq, in the far western section of Anbar Province.

Even a recent surgery didn't hold back Lt. Laura Gaxiola, NHB occupational audiologist.

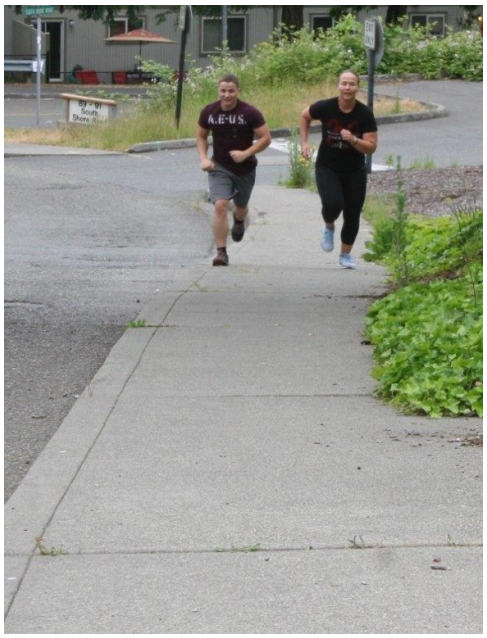
"There's just no way that I would miss this run. It's too important and has too much meaning. We are all connected to those lost. I could only do a slow 5K loop due to still being in recovery mode, but this why I'm part of the 'wear blue – run to remember' group," Gaxiola said.

Before the majority of the runners started at 8 a.m., Hospital Corpsman 2nd Class Amanda Baugh shared her poem, "I'm the one called 'Doc.' I shall not walk in your footsteps, but will walk by your side. I shall not walk in your image, I've earned my own title of pride. We've answered the call together, on sea and foreign land, when the cry for help was given, I've been right there at hand, whether I am on the ocean, or in the jungle wearing greens, giving aid to my fellow man, be it Sailors or Marines. So the next time you see a corpsman, and you think of calling him 'squid,' think of the job he's doing, as those before him did. And if you ever have to go out there, and your life is on the block, look at the one right next to you, I'm the one called 'Doc.'"

Participants were asked to run and /or walk for the goal of accumulating at least 118 miles for the 118th Hospital Corps birthday, June 17, 2016. They surpassed the goal, and then some.

The Hospital Corps is the only enlisted corps in the military and is also the most decorated group of enlisted men and women. Since being established on June 17, 1898, corpsmen have been recognized with 22 Medals of Honor, 178 Navy Crosses, 31 Distinguished Service Medals, and 946 Silver Stars. There are 20 ships named in their honor. Branch Health Clinic Everett honors one of the Medal of Honor recipients by being named The David R. Ray Health Center, Naval Station Everett.

There are approximately 480 HMs stationed at Naval Hospital Bremerton – including those forward deployed to Afghanistan and on hospital ship USNS Mercy (T-AH 19) for Pacific Partnership 2016 - out of nearly 29,000 on active duty and reserve corpsmen.



NHB Recognized at Health Care Heroes Event

The Kitsap Sun's 3rd Annual Health Care Heroes awards reception held on June 9, 2016, at Admiral Theater featured two staff members from Naval Hospital Bremerton. Along with Russ Kent, NHB Facilities Management Department Head, presented with the 'Quality of Care Lifetime Achievement Honoree' award, for excellence in health care, improving lives and strengthening the community, also recognized was Hospital Corpsman 3rd Class Elaina McMillian in the 'Military Medical Personnel Excellence Award' category, but due to a prior commitment could not attend the event.
McMillian was nominated due to 'surpassing every expectations in her Navy training and duty performances,' and accomplishing career achievements during her relatively short time in the Navy such as serving as a tactical combat casualty care instructor, a senior assistant command fitness leader and being part of the career development team. Yet perhaps the most notable example of her dedication to her chosen career path has been coordinating the command's veteran suicide awareness campaign

Degree and Advancement on the same day by NHB Corpsman

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- Advancing in rate for any Sailor makes for a notable day, as does receiving a bachelor's degree by any college student.

Moving on up...Hospital Corpsman 1st Class Vi J. Potal, a Ewa Beach, Hawai'i native and a 2007 graduate of James Campbell High School, is pinned by HM1 Shaun Aragon during Naval Hospital Bremerton's Frocking Ceremony for 43 Sailors on June 3, 2016. Not only did Potal advance in rate, but he found out he passed on the same day as he was preparing for his commencement ceremony to accept his Bachelor of Science degree in Psychology (Official Navy photo).

Accomplishing both on the same day marks a rare double fulfillment of professional achievement and scholarly success.

Hospital Corpsman 1st Class Vi J. Potal of Naval Hospital Bremerton's Branch Health Clinic (BHC) Bangor made both a reality by finding out he made hospital corpsman first class as he was preparing for his commencement ceremony to accept his Bachelor of Science degree in Psychology from University of Maryland University College.

"Finding out that I picked up HM1 on the same day that I was to walk my commencement ceremony for my degree was surreal. It was definitely a memorable day," said Potal, explaining that on the way to his graduation ceremony, he received a text to come into work because there was an important development to be discussed.

Once he reported, he was ushered into see the BHC Bangor officer in charge, and then was informed he advanced

in rate.

The day before, Potal had learned that in the Navy quotas for the March 2016 Cycle 331 exam, that the odds have dropped 2.5 percent.

Out of 4,244 eligible hospital corpsmen 2nd class Navy-wide, only 342 – 8.06 percent – were going to advance.

“That meant that the final multiple to advance would increase, so finding out the following day was a great surprise,” said Potal, with half of his six years in the Navy being assigned to Naval Hospital Bremerton.

After missing the last exam by two points, Potal applied himself to diligently cram for the exam three months out instead of his usual two-month preparation time, on top of his normal work load at the clinic and college studies.

“Juggling school, the Navy, and having a personnel life (also) was difficult. Time management was such a key factor that sometimes it wasn’t even the course or work load that stressed me out. It was how best to manage my time to complete my research papers, as well as preparing for the last Joint Commission accreditation visit.” Potal’s dual success astounded no one in BHC Bangor leadership.

“We were not at all surprised he picked up first. Potal is a great Sailor. He’s only been in for six years and has already shown tremendous ability. He just missed making it on the last exam cycle by two points, and we knew with his determination that he would make that up this time around. He handles BHC Bangor Pharmacy duties, a bunch of other collateral duty and gets his Sailors engaged and the entire clinic involved in so much. He is a solid performer at everything he does,” commented Chief Hospital Corpsman Andre Bernal of NHB’s Branch Health Clinic Bangor.

Potal’s Bachelor of Science degree in Psychology became a singular focus for him after deploying from October, 2014 to April, 2015 to NATO Role 3 Multinational Medical Unit (MMU) Kandahar, Afghanistan, and viewing up close the impact of PTSD on others.

“Psychology and understanding how the minds works has always intrigued me, but after being deployed, seeing the impact of PTSD firsthand and what it does to our Sailors, Soldiers and Marines stuck a chord. Right then and there I knew I wanted to help those in the military with PTSD. Receiving my Bachelor’s Degree in Psychology gets me one step closer to that goal. I intend to apply for the Navy's Enlisted to Medical Degree Preparatory Program. The program would be the initial step in helping me become a psychiatrist,” Potal said, who served as the leading petty officer for the Role 3 Pharmacy Department during his time down-range.

According to Potal, there is a direct correlation between studying for a college course and preparing for a Navy advancement exam.

“I feel that if you’re in school and in a rhythm with studying for classes it is easier to apply the same study habits into preparing for the advancement exam. Every advancement exam I’ve ever taken, I purposefully took a class to reap the benefits of my study habits,” stated Potal, citing the command’s Enlisted Advancement Program (EAP) as providing a strong foundation and useful curriculum to those Sailors who got involved.

“My advice to others going up for rate is to go to HM1 (Shaun) Aragon’s EAP course! Others can back me on this. They’ve either advanced or significantly increased their score to put them in a positon to advance in the next cycle,” said Potal, who holds himself as an example for others to emulate in their pursuit both professionally and scholastically.

“Being able to share what I’ve learned through the entire process with my junior Sailors and seeing them go to college is gratifying. I’ve always asked, ‘what are you after your military career is finished?’ Any Sailor going to school helps answer that question,” added Potal.

Yet perhaps the most gratifying aspect of the entire day for Potal, a Ewa Beach, Hawai’i native and a 2007 graduate of James Campbell High School, was sharing the news with his family.

“Delivering the news to my mom that I advanced to HM1 after she instilled the work ethic and values that I know make this as much her success as it is mine,” related Potal.

Making it happen...Hospital Corpsman 3rd Class Bouara Mongkhonvilay (L) and Hospitalman Eva Aguilar-Ortega (R), both assigned to Branch Health Clinic Everett, provided logistical support for handling 'simulated national stockpile medical supplies' during the joint earthquake exercise, Cascadia Rising 2016, June 6-14, 2016. Mongkhonvilay and Ortega primarily assisted U.S. Army personnel in handling supply drops in the region. The Navy Region Northwest (NRNW) Emergency Operations Center would receive notification that the supply drop would be at Paine Field and Navy Medicine capabilities were tested in timely receiving the needed medical supplies then transporting to the clinic to assist in the ongoing care of patients in the post disaster training scenario. Mongkhonvilay and Ortega also worked with U.S. Northern Command, Naval Station Everett Emergency Management staff, Homeland Security, Snohomish County Department of Emergency Management and Urban Areas Security Initiative Management for medical supply pickup at Paine Field, Wash. as part of the training (Official Navy Photo).

To promote the upcoming 'Sleep Hygiene Seminar' and increase the importance of proper rest, Health Promotion held the inaugural Pajama Jam, an 5K fun run on Aug. 12. According to Hospital Corpsman 2nd Class Michael Seymour, Health Promotion leading petty officer, the fun run is a perfect way to get people engaged not only in exercise but acts as a good precursor for a restful slumber. Insufficient sleep can take a toll on energy, mood, and ability to function throughout the day. Studies have shown that chronic insomnia can contribute to health problems such as heart disease, high blood pressure, and diabetes. Sleep problems, especially fatigue and daytime impairment, can similarly compromise operational effectiveness. The seminar will focus on learning habits and practices to help a person improve the quality and restfulness of sleep. (Official Navy photo by Douglas H Stutz NHB Public Affairs).

NHB Color Guard supports 9/11 commemoration ceremony

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- When the organizers for a Sunday morning ceremony needed a color guard to help commemorate the 15th anniversary of the Sept. 11 terrorist attacks against the U.S., they knew who to call.

Again.

Naval Hospital Bremerton's Color Guard paraded the colors at the Kitsap 9/11 Memorial in Bremerton's Evergreen -Rotary Park in front of civic leaders, retired veteran groups and community members, as was the case five years ago when the two World Trade Center Artifact steel beams that comprise the memorial were escorted to the area in 2010.

It was during the arrival ceremony in Kitsap County on August 22, 2010 that NHB's Color Guard took part in the symbolic and solemn honor of assisting with folding the flag that arrived as hallowed wrapping for the two steel I-beams, #I-0037 and #I-0046, which were donated by the Port Authority of New York and New Jersey from the World Trade Center attack that fateful day in 2001.

"To be here was definitely an honor. We didn't know that there were going to be other color guards taking part, and they also looked good and did really well," said Hospital Corpsman 3rd Class Carlos Rangelmejia, who along with HM3 Courtney Dupuis, HM3 Jason Johnson, HM3 Kristen Jurgensen and HN Ryver Kallstrom, made up NHB's contingent for the 9/11 event.

Participating in the 9/11 ceremony marked the 101st event completed so far this year for NHB's Color Guard, comprised entirely of staff volunteers.

"We still have more events coming up before the end of the year. My goal this year is to double numbers from last year," said Hospital Corpsman 2nd Class Garrett Masters, NHB Color Guard captain and Nuclear Medicine Technologist.

Last year the color guard completed 127 events ranging from high school and college graduations, to Washington State congressional and U.S. senate sessions along with special occasions like the annual Washington State Special Olympic SW Region Basketball Tournament, Veteran's Day parades and memorial observances. The previous two years the color guard completed 87 events in 2014 and 75 events in 2013.

"Since taking over as captain of the color guard in 2015, I've tried to test our color guard's ability to accept and help the community in as many events as possible. We not only try to do many events but help in mentoring our newest members to become great leaders so when they move on from this command they know exactly how to mentor the next generation. We have members in our color guard who come from all different corners of the map. Each brings with them different knowledge and tools to help the color guard get better. I encourage each and every one of our members to help one another to not only get better at what we do but to also utilize each other for teamwork purposes," Master said.

The majority of the appearances for the color guard have been mainly at local commands for Navy retirement ceremonies, change of commands, official observances and pageantries. Yet they have traveled in the state as far south to the small town of Toledo to Whidbey Island up north, across Puget Sound in Seattle and throughout the greater Kitsap Peninsula supporting community events.

“The biggest key to our success with doing a lot of events is our ability to work as a team and take care of one another whether its watch or event coverage. There are many times that members will volunteer for an event and then an unexpected emergency happens in which they are unable to do the event. We quickly look to our backup members to help accommodate and cover so that we don't turn down any event. We work hard as a team and devote ourselves to the community and the Navy to make sure that no event is left uncovered,” explained Masters.

NHB’s Color Guard has been notable in their participation of providing support throughout the region, such as parading the colors on July 15, 2007, across - and the back again - the entire length of Tacoma Narrows Straits of Puget Sound as part of the opening ceremony for the new span of the Tacoma Narrows Bridge.

That’s 1.12 miles each way.

“We’re the ‘yes we can’ types. We are trying to put more emphasis on not only representing Naval Hospital Bremerton, but also of course, the Navy as a whole,” stated Masters.

The all-volunteer ranks of the command’s color guard has 29 members, with Chief Hospital Corpsman Sam Turman as the leading chief petty officer, Masters as the captain and leading petty officer and HM3 Class Daniel Stott as co-captain and assistant leading petty officer.

Also on the team are Boatswain’s Mate 2nd Class Jane K. Marcano, HM3 Kimberly Huidor, HM3 Tryzon Valencia, HM3 Winelly Florentino, HM3 Jayelvin Calbes, HM3 Dominique Nezey, Yeoman 3rd Class Brittany Schloth, HM3 Jodiann Tracey, HM3 Ashley Wert, HM3 Santiago Ortiz, HM3 Daniel Brown, Hospitalman Kreshelle Ashley Garcia, HN Taniaya Wagner, HN Kristina Sweeney, HN Chayra Valdez, Personnel Specialist Seaman Tyler Hallmark, HN Mariah McCubbin, HN Dominic Colon, HN Lucas Schroeder, Hospitalman Apprentice Alma Torres.

Navy Chiefs Honor, History, and Heritage – Sharing of the Gridley Legacy

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs – A Navy chief from USS Gridley past met with Navy chiefs from USS Gridley present in a meeting of more than just an exchange from one era to the next.

There was a distinctive sharing of Navy chief petty officer honor, history, and heritage that took place on Sept. 24, 2016, in Bremerton, Washington.

More than just a keepsake passing...USS Gridley (DDG 101) Command Master Chief Kassel K. Ndiaye (L) accepts a ship's plaque from retired Chief Storekeeper Gene Hanson, a plank owner from USS Gridley (DLG 21) in Bremerton, Washington on Sept. 23, 2016. Hanson served on the guided missile cruiser in 1963 and 64 before retiring from a Navy career spanning 22 years and World War Two, the Korean War and Vietnam War. With the guided missile destroyer Gridley having relocated to Naval Station Everett recently, Hanson wanted to share a piece of history and heritage with the new ship bearing the name of his last (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Despite the passing of time – over 52 years – a ship's plaque and a few other keepsakes from USS Gridley (DLG-21) that was originally presented to retired Chief Storekeeper Gene Hanson in 1964 he in turn proudly bestowed to the Chief Petty Officer Mess of the current USS Gridley (DDG 101).

At age 91, Hanson wanted to ensure that the cherished mementos and associated Navy tradition were passed on to a worthy beneficiary.

The meeting happened due to the efforts of Chief Navy Diver Stephen Vanzant of Naval Undersea Warfare Center Keyport Dive Locker, who initially met Hanson in August as a Navy chief selectee. After learning of Hanson's career, the idea of linking the past with the present materialized and contacts were made to make it happen.

"It was just a complete honor to be able to organize this," said Vanzant.

Hanson was one of the initial crewmembers - a plank owner - of the guided missile cruiser Gridley, which was also his last ship when the current guided missile destroyer Gridley changed homeport to Naval Station Everett this summer, he was curious at the obvious connection between the two ships.

When Gridley Command Master Chief Kassel K. Ndiaye learned it would prove much easier for them to travel to see Hanson, he immediately solidified their commitment to make the visit. A traveling contingent of the command's chiefs made the trek over to meet and greet the Hanson's'.

"To travel here and meet Gene Hanson and his wife Adele…this is all very emotional. What's important is that Gene is so gracious to share what he received with us. That means a lot," said Ndiaye.
Hanson downplayed his service record and the attention he was receiving, all of which everyone else thought was

highly appropriate. His habit is not to complain and deflect praise.

“I thank you all for wasting your time here on a Saturday. I’ve had a great retirement. It seems every time I need something that the chiefs from Naval Hospital Bremerton (NHB) and now Naval Base Kitsap (NBK) are always there to help me navigate. I am glad that I held on to the plaque I got from the Gridley when I retired and that I found it to be able to share with the new Gridley,” Hanson said.

Perhaps to understand the significance of what passing along remembrances means to a retired Navy chief, a glimpse into Hanson’s Navy career is required.

His 22 years in uniform spanned three tumultuous decades with involvement in three wars, from the North Atlantic and Pacific in World War Two to off the Korean Peninsula during the Korea War to the South China Sea in the Vietnam War.

Before the Gridley, he served on cargo ship SS Frederick L (DAU 851), cargo ship Media (AK 83), attack transport ship USS Calvert (APA 32), aircraft carrier USS Midway (CVA 41), landing ship medium USS Oceanside (LSM 175), and destroyer USS Rogers (DD 876).

He was in Shanghai, China in 1946 as part of what was called the ‘magic carpet fleet,’ ships that were assigned to transport the troops home at the end of the war, including former prisoner of war and wounded service members. He even recalls pulling into a port on the Manchurian coast of northern China at the time.

“There was an old ‘China Fleet’ retiree there who had a bar. Boy was he glad to see a Navy ship pull in,” recalled Hanson.

Born in 1925, the Wisconsin native enlisted in 1942 and served aboard ammo ships and destroyers as a gunner’s mate.

He was in the harbor of Toulon, France at the end of the Second World War in the European theater and then in the Pacific at the beginning at the end for Imperial Japan.

Ask Hanson about steaming in the cold North Atlantic during those early dark days of the 1940s and he’ll let whoever once said that salt water doesn’t freeze know that if they’d been in a slow moving convoy out of England, they’d find out the truth of the matter, if they made it through.

In rough weather, there were few places inside an ammo ship that the sea couldn’t reach. Wet gear never dried and damp would spread through a compartment.

Even in good conditions and decent weather, getting a convoy of up to several hundred ships across the Atlantic was a major challenge without a collision or some other mishap. It was worse in winter.

The main convoy route cut through a region of the North Atlantic that had some of the world’s foulest weather for any mariner to handle. Ships that were encased in ice or blinded by snow had to struggle to keep their place in the formation. Seas would run up to 60 feet high and break the backs of some ships and smash lifeboats to splinters. Men who were blown or washed overboard often froze to death in seconds.

Even in the most arduous conditions, peak alertness had to be maintained at all times. At night, crew kept bone-chilling vigils, searching the white waves for a conning tower of a German U-Boat submarine. Hanson’s watches would be 10 hours or more. It was tedious. There were bouts with boredom. The strain and exhaustion were mingled with a combina-

tion of fear and fatalism.

The year Hanson joined the Navy, 120 ships were sunk by German U-boats in May and another 119 in June.

"We had a sub surface in the middle of us once and we all opened fire. We did our best, but a lot of our ships at that time had outdated equipment, left over from the last war. Hell, even the ship would complain every time we went through a wave," remembered Hanson.

There was even one convoy trip that started out in Liverpool, England, got rerouted, and wound up all the way in Calcutta, India, supplying needed ordnance to troops fighting the Imperial Japanese Army in Burma.

Another trip took him from the south of France, with Victory in Europe announced, to south of Manila in the Philippines, where his and 2,000 other ammo ships waited for the orders to invade the Japanese mainland.

Orders that would mean more hard fighting.

Those orders never came.

His ship and many others loaded up as many troops from the far Pacific as they could for the long voyage home. When his ship docked in New Jersey, there was no celebration. No fanfare. No pomp and circumstance. The big celebration was up in New York City.

A young petty officer like Hanson had done his duty and survived, which was more than many could say about those years of war.

"Every day was dangerous," explained Gene. "The sea was dangerous. The U-boats in the Atlantic and the submarines in the Pacific were dangerous. Hell, being on an ammo ship was dangerous. But after a couple trips, it didn't bother anymore."

He got demobilized. After 30 days, with jobs scarce, he came back into the cloth of his nation and the career he knew.

He shifted platforms to become a 'tincan' (destroyer) Sailor, steaming off the coast of Korea in 1951, lobbing shells to provide artillery support and help with the evacuation of wounded in a war that began on June 25, 1950. The fighting would go on for three long years.

When Gene and his ship returned to stateside there was no flag-waving, nor has there been any victory parade or celebration noting the end of hostilities between America's allies in South Korea and the North. It's not a slight to the American service member, as would be the case in the upcoming decade.

"We didn't get any welcome home from the war because that war is still going on. There (still) has been no declaration of peace," says Hanson.

The 1960s then took Hanson from the Northern Pacific back to the South China Sea and Southern Pacific waters.

In 1961, President John F. Kennedy increased the number of American military advisors to South Vietnam. Along with them came military supplies that were shipped into Saigon, mostly from the then-giant Navy base at Subic Bay, Republic of the Philippines. Hanson helped provide escort duty and fire support on a cargo ship and aircraft ferry ship taking helicopters to South Vietnam.

On Dec 11, 1961, the aircraft ferry USS Core reached Saigon carrying 33 C-H-21C twin rotor helicopters with pilots and ground crews. They were to support South Vietnamese units but would remain under U.S. Army control and operation. Those 400 men in the two helicopter companies would raise the total number of U.S. military personnel in-country Vietnam to 1,500. “Many more,” the New York Times reported, “are expected.”

“Back in ‘62 most of us didn’t even know where Vietnam was, let alone having heard of it,” Hanson related, steaming from Subic to Saigon, a world away from his home, until his last ship the Gridley.

Hanson retired at Long Beach Naval Station, California in 1964. He was part of a group of six or seven. There was no ceremony. He collected his pay and got his new ID card.

Out of Hanson’s 22 years of naval service, 18 were ‘haze-gray’ underway. The convoys and deployments he went on are simply too numerous for him to accurately remember.

He returned to Bremerton, where he’d been before. He went to work at Puget Sound Naval Shipyard as a shipfitter, completing another career there. He knew Bremerton as a good military town.

“It still is,” he attests.

When Hanson returned from three wars, there was no red carpet. He has gone out of his way to make sure that doesn’t happen again.

Over the past dozen years as NHB began sending waves of doctors, nurses, hospital corpsmen and support staff deployed in support of Operation Enduring Freedom and Operation Iraqi Freedom, Hanson was there to render support as they departed.

It didn’t matter if it was well before 4 a.m. He was there with well-wishes and care packages. He was also there every time the Individual Augmentees returned off deployment.

This time, chiefs from USS Gridley, NHB and NBK were there for him, and will continue to be, as long as he needs help to continue to navigate.

Gripping and grinning with former Gridley and current Gridley Navy chiefs...Gene Hanson, retired chief storekeeper with a naval career that spanned World War Two, the Korean War and Vietnam War until he retired off USS Gridley (DLG 21) in 1964, is surrounded by Navy chiefs from USS Gridley (DDG 101), Naval Hospital Bremerton, and Naval Base Kitsap during an impromptu gathering of sea stories and memories shared from one generation to the next (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Physical Therapy Stretches Out to Staff at NHB

Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- Ronald Angevine can attest that one of the primary responsibilities of Naval Hospital Bremerton's Physical Therapy (PT) department is to help patients improve their mobility and function after surgery.

Twice a week for the past three months, Angevine has gone for physical therapy to help with rehabilitation from rotator cuff surgery.

"Our Physical Therapy is excellent. Even before my surgery, the few times I went there, the customer service and support was always top-notch. Now when I go, I constantly get pushed to make myself better. We joke about that I cringe every time I go in there, but it's a good cringe," said Angevine, NHB program support assistant.

To showcase what they can do for beneficiaries like Angevine, the PT Department held an open house on Oct. 27 with interactive stations, static displays, and hands-on demonstrations. There was even a Jeopardy contest.

According to Petty Officer 2nd Class Adam D. Toler, PT Department leading petty officer, the goal of the open house was to teach other staff members and patients specific techniques on how to reduce or eliminate pain, aid the healing of an acute sports injury, delay or even avoid surgery completely, prepare for a surgical procedure and recovery, restore mobility, balance, or normal gait, prevent re-injury, and provide education on preventing future injuries.

"I've seen firsthand how PT Department has been beneficial in helping patients regain strength, mobility, and pain relief. It's a high-benefit, low-risk solution to treating many different conditions," Toler said.

Not a bridge too far...Petty Officer 3rd Class Lindsay Edwards, physical therapy technician with Naval Hospital Bremerton's Physical Therapy Department takes command staff members through a series of core strength exercises as part of the PT Department's Open House held on Oct. 27, 2016 to showcase all the department had to offer (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

The PT Department can diagnose and treat individuals of all ages who have medical problems or other health-related conditions that limit their abilities to move and perform functional activities in their daily lives. This may include diagnosis and management of movement dysfunction as well as enhancement of physical and functional abilities. PT Department also restores, maintains, and promotes not only optimal physical function, but also optimal wellness, fitness, and quality of life as it relates to movement and health.

“The overall goal is to reduce and prevent the onset, symptoms, and progression of impairments, functional limitations, and disabilities that may result from diseases, disorders, conditions, or injuries. Helping people to attain or regain the ability to carry out their daily life activities as well as achieve optimal wellness and optimal quality of life is a great feeling of personal satisfaction,” explained Toler.

Common ailments seen are low back pain, knee pain, and post-surgical conditions, all part of the Jeopardy contest.

As soon as anyone entered the open house event, they were given the chance to compete in Jeopardy. NHB physical therapist Dr. Amanda Hurlburt was the driving force for the contest as a way to get other command staff members involved by testing their knowledge and educating them on facts, techniques, and treatment options. The contest featured categories of, ‘Stretch, Stretch, Stretch,’ ‘I’m Injured, Now What,’ ‘Knee Pain,’ ‘Yeah, We’re Good,’ ‘Hot and Cold,’ and ‘Lower back Pain.’

“We tailored the answers to the questions in each category to let everyone know what we have available for there here. We can help deal with issues from lower back pain to designing a stretching routine for anyone,” said Toler. The services provided at NHB's PT include post-operative rehabilitation, pelvic floor therapy, pregnancy/post-partum physical therapy, dry needling, manual therapy and manipulation for the spine and extremities, cupping therapy, balance and proprioceptive retraining, aqua therapy, sports rehabilitation and pre-operative teaching and strengthening prior to total joint replacement.

Naval Academy Lean Six Sigma project supported by NHB Sailor

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- Used to be, U.S. Naval Academy Midshipmen on Induction Day in need of immunizations were forced to deal with long lines, longer waits and redundant red-tape.

Not anymore.

Hospital Corpsman 3rd Class Kayla Kirk, from Bend, Ore., currently assigned to Naval Hospital Bremerton as Urgent Care Clinic assistant leading petty officer, was part of a Lean Six Sigma (LSS) team that conducted a quality improvement project which not only effectively reduced time spent on providing vaccinations but lessened staffing needs and sped up the entire process for all patients involved.

The LSS team was comprised of Dr. Jitendrakumar R. Modi and Ensign Chrysanthy Ha from School of Medicine, Uniformed Services University of the Health Sciences; and retired U.S. Air Force Master Sgt. Donald A. McCoy from Navy Medicine East, and Capt. Robert S. Fry, Kirk and HM3 Christopher B. Taylor of Naval Health Clinic Annapolis.

Petty Officer 3rd Class Kayla Kirk, assists with hospital corpsmen basic skill training as part of her duties currently assigned to Naval Hospital Bremerton. The Bend, Ore. native was recently recognized for her work as part of a Lean Six Sigma team at U.S. Naval Academy that conducted a quality improvement project which not only effectively reduced time spent on providing vaccinations but lessened staffing needs and sped up the entire process for all patients involved. Kirk will also be frocked to petty officer second class on Dec. 2, 2016 (Official Navy photo by Doug Stutz, NHB Public Affairs).

Kirk was recently recognized with a Navy Letter of Appreciation (LOA) by Capt. M.B. McGinnis, Naval Health Clinic Annapolis Commanding Officer for her 'knowledge and effort' in helping to streamline the requirement of providing inoculations to incoming plebes.

Kirk was noted to have significantly impacted the overall process, decreasing the steps taken by 79 percent and process times by 75 percent as vaccinations for approximately 1,200 new Midshipmen were administered with a mass immunization procedure during the in-processing period.

McGinnis cited the 'LSS team's ability to conduct a comprehensive Rapid Improvement Event project based on past data to drive milestone improvements could not have been done without Kirk's observation, attention to detail, and overall desire to improve the patient experience for newly inducted Midshipmen.'

"Your participation and feedback helped us shape Naval Health Clinic Annapolis to enhance our patients' experience. Thank you so much for your hard work and keep pressing to improve our healthcare system. Bravo Zulu on a job well done," wrote McGinnis.

Kirk attests that the idea originated with Dr. Modi, a pediatrician she worked with at Naval Health Clinic Annapolis.

"He wanted to streamline a new process for Induction Day at the Naval Academy for the beginning of plebe summer, which is basically 'boot camp' for Midshipmen. What we did to improve the process was use data from previous years to discover where we could cut back and organize to save money on not only unnecessary vaccines but hourly wages by cutting down time immensely," said Kirk.

Kirk explained that the team sent out vaccination forms in the acceptance packet for the incoming students and parents to fill out and submit prior to their arrival on Induction Day.

"Immunizations staff screened each and every student to see which vaccines they still needed, if any. On Induction day they were given only what they needed, which met our goals of cutting down on time and wasting vaccines," explained Kirk.

Of equal note was that Kirk was also commended for contributing in publication of the article, 'Using Lean Six Sigma Methodology to Improve a Mass Immunization Process at the United States Naval Academy,' that appeared in Military Medicine – International Journal of Association of Military Surgeons of the U.S., Volume 181, June 2016.

"It is an amazing honor to be recognized in this article not only as an active duty member but as an enlisted member. To me this symbolizes that no matter what your rank, great ideas can come from anyone. We owe a huge thanks to our leadership, Dr. Modi, for including us in the process and for recognizing us alongside himself as authors for this article," Kirk said.

Kirk assisted in the entire process from the initial stages through realization to where it ended up being published.

"My team and I spent long hours mapping out our goals and strategies and arranging our ideas, as well as screening immunization forms and transcribing into the students medical records. When it came time to put our well thought out process to the test we took a few days to set up and get ready for show time. Everything ended up running smooth," shared Kirk, adding that along with Taylor, they were the leaders and subject matter experts responsible for oversight and safety and made sure everything ran according to plan.

Kirk attests that having a Sailor with corpsman-training was the perfect choice to help formulate and carry out such a project.

"Each and every day we are building relationships with patients, and are the first and last interaction when patients come for an appointment or walk-in visit. Who better to have on your team of process analysis then the people that spend the most time and have the most impact with patients during their visit? Lean Six Sigma can be utilized in any workplace. I believe that having Sailors trained on how to apply LSS in their own work center is important because technology and our environments are constantly evolving. For us to evolve with it sometimes we have to cut down what may be holding us back by using process analysis and understanding waste. As we evolve we become more efficient," Kirk said.

For Kirk, there was fulfilment in being part of a team project that has made a positive impact in improving patient-centered care at such a notable military institute.

"It is truly amazing to see that all the hard work we put into this LSS project is now being used as a model for process improvement at the Naval Academy. Induction Day is the first impression those students have on not only the academy, but also Navy Medicine. The impact we left on them this day will determine the care they can expect to receive during their time at the Academy as well as in the Navy," stated Kirk.

OHSU Bremerton Sailor honors the present, connects to her Past

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- The recent presidential inauguration provided an Operational Health Support Unit (OHSU) Bremerton Sailor more than just the opportunity to take part in the current history of her country.

It also allowed her the makings of a memory as she shared an emotional moment with a family member killed in action over 50 years ago.

Hospital Corpsman 3rd Class Katie Trescott, a Tacoma, Wash. resident, was selected to attend the inauguration along with 32 other U.S. Navy Reservists of varying rates from across the country.

“There was a call for volunteers and a lengthy vetting process. I wanted to attend due to the historical significance. My dad attended Reagan’s inauguration as a U.S. Coast Guard lieutenant and likes to tell his story about how he received Reagan’s first presidential salute. I wanted to continue that tradition for our family, although I didn’t get quite as close to the president as my dad did,” said Trescott, a Tallahassee, Fla. native and Florida State University 2005 graduate.

Such pomp and circumstance was a first for Trescott, as was getting the privilege of touring the Pentagon, the U.S. Capitol, Arlington National Cemetery, the Naval Academy, escorting a group of children through the Naval History Museum at the Navy Yard, and attending the Secretary of the Navy’s Farewell Parade at the Marine Corps Barracks.

“I did share with my parents and they were both very excited for me and so proud. I'm fairly certain they bragged about it to most people they met. And of course my mom was a bit worried about my safety, so naturally she was relieved when it was over and everyone was safe,” Trescott said. “We were assigned to a section of the seated area that included Medal of Honor winners. It was a very special experience interacting with such highly esteemed brothers in arms.”

Trescott attests that the most gratifying part of her volunteering was her duty as a ceremonial usher.

“It was the entire reason we were there. Our group ensured safety and reflected credit upon the U.S. Navy, especially the Navy Reserve. That was very gratifying on such a big stage,” related Trescott, singling out her senior enlisted leadership - Master Chief Master-at-Arms Ruth Drake and Senior Chief Hospital Corpsman Tammy Schusted - for the opportunity.

Yet as notable as being involved in the inauguration was, a trip and tour of Arlington National Cemetery, the Tomb of the Unknown Solider, the Women Memorial Exhibit and the grave of John F. Kennedy provided Trescott with special significance as she located a cousin – Charles R. Trescott - laid to rest on the hallowed ground.

“We were told that we were among family as we stood on the grounds, surrounded by graves. When others found out I had actual family buried there, they accompanied me to his grave. We rendered honors together over the grave and spent time talking about how he earned his Silver Star protecting his Marines. It was especially poignant for me and represented all the best about the military; how we embrace and honor our fallen brothers and sisters without question. It was a memory I will keep with me for a long while,” shared Trescott.

The Citation for HM3 Charles R. Trescott (Killed In Action) reads: *The President of the United States takes pride in presenting the Silver Star Medal (Posthumously) for conspicuous gallantry and intrepidity in action while serving as a Corpsman with Company G, Second Battalion, Fifth Marines, FIRST Marine Division, in the Republic of Vietnam, on 3 May 1966.*

Accompanying an eighteen-man patrol operating in the Quang Tin Province when the patrol, crossing an open rice paddy, was ambushed by a Viet Cong force estimated at fifty men, Petty Officer Trescott, observing two wounded Marines fall where they were hit, in an area exposed to heavy enemy fire, left his covered position and went into the open area to treat them.

Fatally wounded while moving one of the casualties to cover, Petty Officer Trescott, by his courage, initiative, and selfless devotion to duty, upheld the highest traditions of the United States Naval Service.

"I remember reading the description of how he earned his Silver Star as I was in the process of enlisting and having only an inkling of the pride behind being a corpsman," related Trescott, who has been assigned to her OHSU Bremerton detachment since Aug. 2016.

OHSU Bremerton's mission is to ensure all Sailors can rapidly respond to the needs of Naval Hospital Bremerton, Navy Medicine and the nation by keeping themselves and those assigned in a constant state of readiness; professionally, physically and mentally. OHSU Bremerton ensures force health protection of all Sailors by assisting Navy Operational Support Centers throughout three regions – Northwest, Midwest and Southwest - by completion of physical health assessment's and dental exams.

OHSU detachments can be found in Anchorage, Alaska; Whidbey, Kitsap, Spokane and Everett, Wash.; Portland and Springfield, Ore.; Boise, Idaho; Helena and Billings, Mont.; Cheyenne, Wyo., Fargo, N.D. and Sioux Falls, S.D.; Salt Lake City, Utah; and Denver and Fort Carson, Colo.

Usher Selfie...HM3 Katie Trescott, assigned to Operational Health Support Unit Bremerton takes a digital pause for the cause to record her volunteer efforts as part of a group of Navy Reserve Sailors from across the country that volunteered to take part in the recently held presidential inauguration (Courtesy photo).

Along with volunteering at the recently held presidential inauguration, Trescott also toured Arlington National Cemetery and paid tribute to a cousin - Silver Star Medal recipient Charles R. Trescott - laid to rest after being Killed In Action on May 3, 1966 in the Republic of Vietnam (Courtesy photo).

I Am Navy Medicine: Hospitalman (Fleet Marine Force) Joshua JuJuan Young

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer— Young, an Everett, Wash. native is a recent 2013 graduate of Sequoia High School and currently assigned to Naval Hospital Bremerton's Endoscopy Clinic.

"As an endoscopy technician, I assist the doctors and nurses with providing outstanding medical care to our patients by performing our privileged duties in endoscopic procedures," said Young.

Young comes from a family with a strong military background and growing up has always been intrigued to provide care to those in need which directly lead him to become a Navy hospital corpsman.

"I've always wanted to help those I see hurt, and I come from a proud legacy of military members in the family. My father was in the Army for 30 years. I wanted to do something harder than what he did, so I wanted to be with the Marines and still help those sick and injured. It was the proud, tough, rich history of the Hospital Corps caught my attention," explained Young.

Young attests that his current job directly helps to impact the Navy Medicine priority missions of Readiness and Health.

"By assisting our providers, we are helping reduce the risk of colon cancer and gastrointestinal problems in our active duty, retired heroes, and their dependents. We help by saving or extending lives, future hospital visits and costly procedures," said Young. "I believe by doing what we need to do, we can make sure the dependents and veterans who came before us are healthy and good to go knowing Navy Medicine was their first choice. We will always ensure our active duty population will be fully medically ready within our capabilities and scope of practice."

When asked what he considered to be the most rewarding aspect of his job, Young replied it's a combination of several things.

"The ability to continually learn something new and also help those around me is gratifying. We are one team and have one fight," Young said.

Young counts that his significant milestones to this point are continuing to hone his chosen corpsman craft by learning the workings of his clinic, and being presented the Enlisted Fleet Marine Force (FMF) Warfare Specialist device he earned while being assigned to Headquarters Regiment, Third Marine Logistics Group, Camp Kinser, Okinawa.

Ask those who have obtained their FMF pin and they will tell you that it is not easy. Young is no exception. He admits it was a difficult challenge, but one he took on and readily accomplished.

“There was a lot of information. Without the help of a great motivator, HM3 Blessing Ikedi, I wouldn't have been able to push through (and make) it. What is most gratifying about earning the pin is knowing that I am now a part of a special breed of corpsmen called ‘doc’ by the Marines,” acknowledged Young.

Young advocates that for those following in his footsteps, a person needs to be motivated and determined to study.

“Once started do not to let up until completed,” said Young, citing that the end result is being recognized by those in the field as someone to rely upon when needed.

“It can be hard to get motivated and keep studying. Make this a priority when you go on the ‘greenside’ with the Marines. Never take the lazy route. When the Marines are training, do it with them. Even if you have a Corpsman Safety Vehicle, walk/run with your Marines. Prove your worth to them, and they'll prove why you can have no better friend than a United States Marine. The more efficient, confident and capable you are with your job as a corpsmen assigned with the Marines that will make the term 'doc' meaningful to you. But if any Marine says, ‘hey doc watch this,’ walk away...,” shared Young.

“If I could sum up my experience with Navy Medicine in one sentence, since most of my experience has been on the greenside, the only way to describe the awesomeness is, ‘Ooorah!’” added Young.

Rear Adm. Paul D. Pearigen, Navy Medicine West Commander visited NHB on a familiarization tour that included debriefings and discussions on current topics such as the rollout of the new Department of Defense electronic health record MHS GENESIS, meeting and mentoring Navy Medical Corps officers and enlisted staff members and recognizing selected active duty and civilian staff members
(Official Navy photos by Douglas H Stutz, NHB public affairs).

NHB Chiefs Celebrates the Present and Remembers the Past

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer - Naval Hospital Bremerton's active duty and retired chief petty officers celebrated their birthday on March 31, 2017, a day shy of officially becoming 124 years.

The majority of the command's 45 active duty chiefs and many retired chiefs gathered with staff, beneficiaries and guests to recognize their anniversary and unique status in the U.S. Navy enlisted community.

"What is the Chief's Mess about? It's about taking care of people, setting the example, doing what's right, and being available to care for Sailors. I am truly blessed to be at this command with the chiefs and retired chiefs working here. I see retirees who even do not work here and come back to give back," said NHB Command Master Chief James Reynolds.

Sharing on the past while celebrating the present...Master Chief Hospital Corpsman Tom Countryman, from Columbia Falls, Mont., shares comments with Naval Hospital Bremerton's active duty and retired chief petty officers, staff, beneficiaries and visitors while recognizing the 124th birthday of the U..S. Navy chief petty officer rate. "Over our 124 years as a chief there is one thing that has never changed and that is our standard. A strong mess equates to a successful command. We lead and mentor our Sailors, with dignity and respect. We might never know who we are helping to grow and there are some standing here today who are our reliefs," Countryman said (Official Navy photo by Doglas H Stutz

Reynolds also stressed that the Chief's Mess is also about remembering.

"We remember our two fallen brothers – (retired Chief Storekeeper) Gene Hanson and (retired Chief Boatswain's Mate) Jerry Irvine both lost to us over the last few months," added Reynolds said, calling for a moment of silence in their honor.

Also called upon to share a few words of wisdom was Chief Hospital Corpsman Tom Countryman.

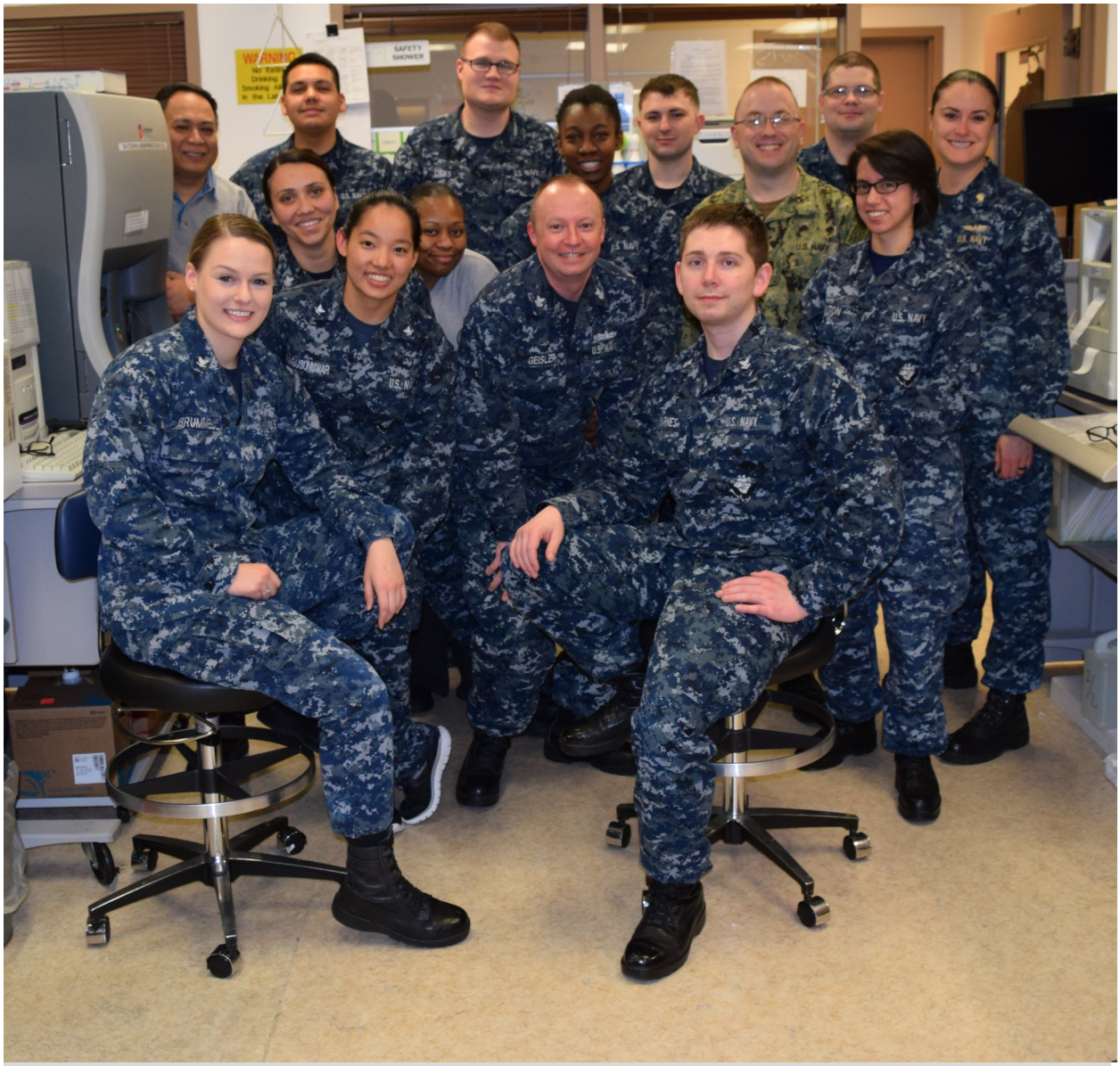
"Over our 124 years as a chief there is one thing that has never changed and that is our standard. A strong mess equates to a successful command. We lead and mentor our Sailors, with dignity and respect. We might never know who we are helping to grow…and there are some standing here today who are our reliefs. Someone might be the next master chief petty officer of the Navy or the next chief of naval operations," said Countryman, who has been a Navy chief for 17 of his almost 30 years of active duty.

As Reynolds did before him, Countryman urged everyone in the audience to continue to remember the legacy of those who served before them.

"We can never forget those who came before us. We stand on their shoulders," Countryman said.

The actual date of the CPO birthday, April 1, 2017 will have NHB chiefs join with other chiefs from various commands on Naval Base Kitsap Bangor for the '2017 CPO Birthday 5K' which is open to all active duty, retiree, dependents and authorized patrons.

It was on April 1, 1893 that Navy General Order 409 of February 25, 1893, established the rate of chief petty officer. As Master Chief Petty Officer of the Navy Steven S. Giordano wrote, "Chief petty officers must lead by example, and for the past 124 years, we have served as that example for our Navy as fountains of wisdom, ambassadors of good will, and authorities in personal relations as well as in technical applications making day to day Navy life happen for every command afloat or ashore," shared Giordano.



Staff members assigned to Naval Hospital Bremerton's Laboratory Department are recognized during Medical Laboratory Professionals Week, April 23-29, 2017, an annual acknowledgement of the behind-the-scenes work that ensures timely, correct diagnoses to improve patient outcomes.

There are approximately 45 staff members assigned to the lab, comprised of naval officers, hospital corpsmen, federal employees, and civilian contractors. Enlisted personnel are comprised of advanced medical laboratory technicians, histopathology technicians, and cytology technicians assigned to NHB's main lab, Branch Health Clinic Puget Sound Naval Shipyard, BHC Bangor, BHC Everett, and Madigan Army Medical Center Armed Services Blood Bank Center.

The lab processed over 520,000 tests last year in-house with an additional 65,000 tests processed and sent to outside civilian and military reference labs. The routine lab testing performed includes complete blood counts, various chemistry tests, lipid screening, A1C, urinalysis, microbiology, and anatomic pathology which includes pap smears and tissue exams such as biopsies.

Just how crucial is the work that the Lab performs on a daily basis? It's been estimated that nearly 70 percent of clinical decisions are based on the results that the lab provides to a patient's health care provider (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs officer).

Sharing on a day of remembrance*...Naval Hospital Bremerton (NHB) Command Master Chief James Reynolds, along with members of the NHB Chief Petty Officer Association, provided from the grill at the 18th annual Memorial Day Observance at Allyn, Wash., held on May 29, 2017. The event brought together retirees, active duty, family and friends from all service branches that included a special tribute to those who served in 'overlooked conflicts' such as Korea, Lebanon, Dominican Republic, Granada, Beirut, Panama, Desert Storm (first Gulf War), Somalia, Kosovo and Kuwait. "Memorial Day weekend is where we pause and remember our brothers and sisters who have paid the ultimate sacrifice in defense of our nation. Supporting our community and remembering those fallen is what we do," said Reynolds (Official Navy photo by Douglas H Stutz, NHB public affairs).*

Naval Hospital Bremerton Sailor recognized with Health Care Hero Award

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer– A Naval Hospital Bremerton (NHB) Sailor's effort caring for new families and guiding young Sailors was recognized at the 4th annual Kitsap Sun Health Care Heroes Awards Program, June 8, 2017.

Hospital Corpsman 2nd Class Shasta Campbell was presented with the Military Medical Personnel Award from her stellar work at Northwest Beginnings Family Birth Center and coordinating Sailors Against Sexual Harassment and Assault (SASHA) with her husband Master-at-Arms 1st Class Michael Campbell.

Being thrust into the spotlight of accomplishment and praised in front of a sizable crowd at Bremerton's Admiral Theater was an unexpected surprise for Campbell.

"I thank the Kitsap SUN and other sponsors. I give thanks to my command for the support and being nominated, because I didn't see this coming. I especially give thanks to my husband. I couldn't do 50 percent of what I do without you," said Campbell, addressing the crowd after accepting the award.

Campbell was noted for distinguishing herself through leadership and service in her two years at NHB.

She was selected as team lead in NHB's busy family birth center, where she received multiple accolades for her care and compassion to patients. She also was selected to serve as an assistant command career counselor, handling responsibilities usually reserved for a more senior staff member.

But perhaps the greatest example of her commitment and dedication to helping others is SASHA, a Sailor-led and Sailor-driven grassroots campaign to help end sexual harassment and assault with new and innovative ways at NHB and in the community.

Along with Campbell being recognized with the military medical personnel award, other Health Care Heroes honorees were acknowledged in four other categories of Physician's Excellence in Healthcare Award; Dentist's Excellence in Healthcare Award; Health Tomorrow Award; and Quality of Care Lifetime Achievement Award.

"It's gratifying to pause to recognize those doing well, and shine light on the positive being done by these honorees," said David Nelson, Kitsap SUN editor and master-of-ceremony for the event, explaining that members of the extended community identifying themselves as friends, colleagues and patients submitted numerous nominations for this year's event.

An independent judging panel comprised of local community leaders then reviewed those submissions to make the tough decision of selectins those healthcare professionals deemed exemplary and worthy of praise.

Campbell and the other honorees were called forward from their dining table as a detailed synopsis of their nomination was shared to the audience.

NHB has been represented every year in the event. Occupational Medicine and Population Health officer Dr. Dan Frederick was selected in the inaugural year, followed by director for Surgical Services and Obstetrics Department, Cmdr. Thecly Scott in the second year. Last year featured Mr. Russ Kent, Facilities Management Department head and Hospital Corpsman 3rd Class Eliana McMillian, surgical technician.

Health Care Heroes is a recognition program of the Kitsap Sun, enabled by the sponsorship of Admiral Theatre, Kaiser Permanente and Martha & Mary.

Leading from the front... with song...The Class of 124 Chief Petty Officers at Naval Hospital Bremerton - Chief Hospital Corpsmen Robert Alisasis and David Squires - direct a rousing rendition of 'Anchor's Aweigh' with other active duty and retired Navy chief petty officers to wrap up the 124th Chief Petty Officer Pinning Ceremony. Alisasis and Squires join the proud and strong 124 year old tradition of senior enlisted leadership in the Navy (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Surgical Techs recognized at Naval Hospital Bremerton

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- They are called the backbone of the departments where they work, continually providing unsung surgical support.

Yet for the week of September 17-23, 2017, the surgical technologists assigned to Naval Hospital Bremerton were recognized and feted during National Surgical Technologist Week

"Simply put, our surgical techs are the backbone of this department. Without them we would not be able to provide surgical care to our patients. We are so very thankful for everything that they do," said Lt. Cmdr. Shelley Oehrlein, Perioperative Services head.

There are approximately 25 hospital corpsmen with the surgical technologist – generally referred to as surgical techs - specialty rating at NHB. They handle various duties in the Main Operating Room (OR) and in other clinical areas such as Ears Nose (and) Throat, Dentistry, Ophthalmology, Labor and Delivery, and the Sterile Processing Department.

Oehrlein attests that on a daily basis the surgical techs take care of a number of vital responsibilities that are necessary for every procedure.

"They clean, disinfect, and ensure proper sterilization has taken place for all gear used in the clinics. They pull all the instrumentation and consumables required for each surgery that we perform and help the circulating nurse prepare the room for the case. They then scrub in to set all the gear up, while maintaining sterile technique," explained Oehrlein, adding that in the Main OR, the techs assist the surgeon during all surgical cases.

Upon completion of every surgery case, the surgical techs take charge of all the used equipment to prepare for the disinfection and sterilization processes. The entire process is repeated for each additional case.

"There is no other job I have ever had that comes close to doing what a surgical tech does. We are part of the key people in surgery. It's amazing to have someone's life in your care and being able to help with a successful surgery procedure that really can't be done without us," said Hospital Corpsman 3rd Class Lance Worster, who has worked at NHB for almost four years and is transferring soon to Naval Medical Center Portsmouth.

A typical day for surgical techs in the Main OR has them scrubbing up and preparing what's required for an average of two to five surgical cases.

"Without them we would not be able to provide surgical care to our patients. They provide continuity of care from within the clinic to the operating room assisting the surgeon with the case. Our surgical techs are also in house 24 hours to provide all surgical care required, to include Labor and Delivery. We are so proud and grateful to work alongside with them," stated Oehrlein.

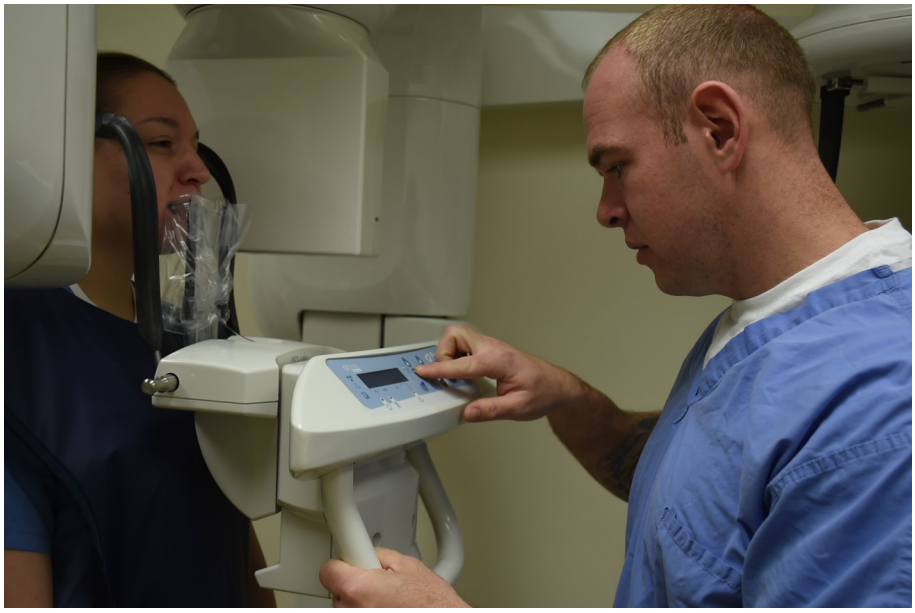
According to compiled data, there are approximately 1,000 surgical techs in the Navy and nearly 59,000 in the U.S. Yet Navy surgical techs differ from their civilian counterparts by serving on all types of platforms, in various duty stations and on a number of assignments. They can be found from shock trauma teams near a combat zone to fleet surgical teams helping with humanitarian assistance missions to a military treatment facility like NHB.

Sailors of the Year Recognized at NHB

By Douglas H Stutz, Naval Hospital Bremerton -- When Bureau of Medicine and Surgery (BUMED) determined that a Navy Medicine command could nominate a Sailor of the Year in four categories this year, Naval Hospital Bremerton (NHB) readily accepted the opportunity to do exactly that.

“Giving us the ability to recognize another of our deserving Sailors was very appropriate,” said NHB Command Master Chief James Reynolds, explaining that adding an additional category for junior Sailors allowed top-notch petty officer third classes to compete against each other and not go head-to-head with those of a higher paygrade with more time and experience.

“It makes sense. We have highly competitive groups in every category – Senior Sailor, Sailor, Junior Sailor and Blue Jacket. It was hard to pick in each grouping but each Sailor selected is a great representative for our command,” Reynolds said.



NHB Senior Sailor of the Year is Hospital Corpsman 1st Class Nicholas Geisinger of Director of Surgical Services; Sailor of the Year is Hospital Corpsman 2nd Class Shasta Campbell from the Command Career Counselor office; Junior Sailor of the Year is Hospital Corpsman 3rd Class Aaron Cross of Director of Medical Services and Blue Jacket of the Year is Hospitalman Daisy Fuentes from Director of Clinical Support Services.

Geisinger was selected based upon his collateral duties, command and community involvement, off-duty education pursuing a degree in health care administration, numerous personal awards received during the nomination year, including nine letters of appreciation and the Military Outstanding Volunteer Service medal, as well as being a leading petty officer and subject matter expert in Director of Surgical Services,

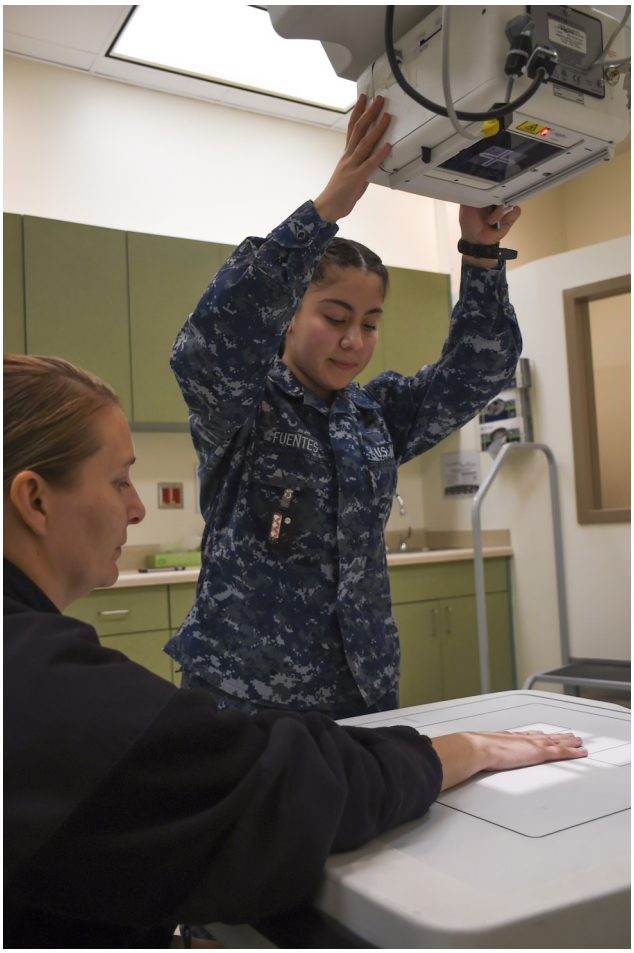
Reynolds will accompany Geisinger to Navy Medicine (NAVMED) West in San Diego to compete with other Senior Sailor of the Year candidates. NAVMED West is made up of 10 military treatment facilities, two dental battalions and 51 branch health clinics located in California, Washington, Hawai’i, Guam, Korea, Japan and Diego Garcia.

“We will also take the nomination packages for our other Sailors to have them judged against their peers from other commands,” shared Reynolds.

Senior Sailor of the Year nominees in the final running were HM1 Maria Desouza from Director Medical Services; HM1 Anthony Vanluven of Director of Administration; and HM1 Palo Trinidad from the Director of Branch Clinics.

Campbell was chosen due to her notable stellar performance and innovative leadership skills as well as ongoing support of staff and community members, most notably as the founder and president of Sailors Against Sexual Harassment and Assault (S.A.S.H.A.). Campbell's effort in leading the S.A.S.H.A. program has provided sexual harassment and assault awareness throughout the area with command and community involvement. Her efforts have also garnered interest from senior Navy officials.

Other Sailor of the Year nominees were HM2 James Thayer of Director of Medical Services; HM2 Christopher Kline with Director of Surgical Services; HM2 Carloconrado Limos of Director Clinical Support Services; Personnel Specialist 2nd Class Austin Zambrano with Director for Administration; HM2 Austin Rogers with Director Branch Clinics; and HM2 Kenneth Nhan with Director Branch Clinics.



Cross was recognized for his role as NHB's Urgent Care Clinic assistant leading petty officer in helping lead the 24-hour clinic of 48 staff members with 15 junior enlisted Sailors in supporting 11 providers in delivering patient-centered care to approximately 20,000 patients from October, 2016, to September, 2017.

Junior Sailor of the Year nominees also recommended were HM3 Jennelle Jones of Director for Surgical Services and HM3 Joseph Alvis with Director for Administration.

Fuentes showcased her diverse radiologic technician skills in performing 770 diagnostic exams, 26 fluoroscopic exams, 10 Main Operating Room procedures and 111 computed tomography exams while greatly reducing the necessary amount of radiation administered to patients by following the ALARA – As Low As Reasonably Achievable – principle.

Blue Jacket of the Year nominees included HN Heather Plummer with Director of Nursing Service; HN Megan Decker of Director of Medical Services; Logistics Specialist Seaman Shelby Linton with Director for Administration; HN Jack Shepard with Director Branch Clinics; and HN Kristina Sweeney of Director Branch Clinics.

Tree Lighting Ceremony Shines On For Deployers

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer -- Naval Hospital Bremerton remembered those away from home for the holidays on deployment and those recently returned from oversea assignments with the command's annual Tree Lighting Ceremony on December 1, 2017.

"NHB continues to support our fighting force by sending Sailors on deployment to serve and protect this great nation. NHB would like to extend our greatest sense of gratitude and compassion to you (deployers) and your families, especially to those of you who have loved ones currently deployed. As we unite around this beautiful tree, let us rejoice over those who have returned home safely, pray for those currently deployed, and remember the sacrifices of all those who have served," said Religious Program Specialist 2nd Class Allison Phillips, master of ceremonies.

Phillips then requested to those in attendance who are facing deployment, know or have someone currently deployed, or have been deployed at any time, to take a moment to be recognized. Many in the audience – active duty and civilian staff, family members – acknowledged the request.

"Our tree lighting ceremony has special significance for several reasons. It's a great representation of inclusion and diversity in our Navy and it's a way to remember our deployed shipmates - those returned, those still gone, and especially those who have deployed and never returned home. NHB is like a second family to us and this ceremony means a lot," commented Capt. Jeffrey Bitterman, NHB Commanding Officer, who rendered honors by officially lighting the tree.

The ornament dedication portion of the event came next. As the names of two forward deployed NHB staff members – Capt. Brian Smoley in Iraq and Lt. Cmdr. Brendan O'Brien in Africa on individual augmentee status - were formally read, a co-worker stepped forth to place an ornament on the tree in their remembrance and honor. Hospital Corpsman 2nd Class Danielle Dixon did the honors of placing an ornament on the tree for Hospital Corpsman 1st Class Darryl Escamilla, Director of Surgical Service leading petty officer who served in Afghanistan from January to October, 2017 and current duties did not permit him to attend the ceremony.

"I wanted to do it because it's important for all of us, especially during the holidays, to remember those who have been on deployment, and those who are still on deployment. They are all our brothers and sisters," exclaimed Dixon.

Remaining ornaments were placed for 14 staff members returned from over the course of the calendar year from their individual augmentee deployment. There were several attending the event and they were also presented with a certificate of appreciation and handmade quilt provided by Naval Base Kitsap Fleet and Family Support Center. "I knew about the ceremony from the one last year. There are other commands that hold a similar event. It really is a great way to show support for staff and family who go through a deployment. Being presented the quilt is really nice! Soon as I get home, everyone is going to want to use it," commented Lt. Edward Roberts, NHB Deputy Comptroller who deployed also to Afghanistan from March to October 2017.

Others returning deployers recognized were Cmdr. Andrew Young, deployed Afghanistan, February to October 2017, Lt. Cmdr. Summanther Kaviratne, deployed Afghanistan, February to October 2017, Lt. Travis Carr, deployed Afghanistan, January to October 2017, Senior Chief Hospital Corpsman Brian Jacobson, deployed Afghanistan from August 2016 to April 2017, Chief Hospital Corpsman Christopher Miguel, deployed Afghanistan from September, 2016 to September 2017, HM3 Timothy Soukup, deployed to Afghanistan from August 2016 to April 2017, Hospital Corpsman 2nd Class Nina Merrill, deployed Afghanistan from October 2016 to April 2017, HM2 Carlconrado Limos, deployed Afghanistan, August 2016 to April 2017, HM2 James Thayer, deployed to Guantanamo Bay, Cuba from May 2016 to February 2017, Hospital Corpsman 3rd Class Daniel Brown, from August 2016 to May 2017, HM3 Christopher Garcia, deployed to Afghanistan from August 2016 to April 2017, and HM3 Duong Dong, deployed to Guantanamo Bay, Cuba, from May 2016 to February 2017.

Dedication and Teamwork highlights Expeditionary Medical Facility Training

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer -- Whether from a distant sea or in a locale far removed from the shore, the changing dynamics of an uncertain world has Navy Medicine in a familiar position of preparing for any contingency, including organizing mobile hospital capabilities should such a need be called upon.

Naval Hospital Bremerton from Naval Medicine West - along with Naval Hospital Beaufort representing Navy Medicine East – doctors, nurses, hospital corpsmen and a wide range of support staff, have been conducting practical hands-on training as part of an Expeditionary Medical Facility (EMF) platform to meet Navy fleet and Marine Corps current and future requirements whether from the littoral or centered at an austere location.

"NHB and Naval Hospital Beaufort are current 'Tier One' assets, meaning we are to be ready to deploy if called upon," said Cmdr. Christopher Tepera, EMF Executive Officer.

Hospital Corpsman 1st Class Sherwayne Festejo from NHB Radiology Department slips a X-ray cassette film underneath a mock patient during a casualty receiving exercise assisted from other corpsmen during Expeditionary Medical Facility training that NHB doctors, nurses, hospital corpsmen and support staff, as well as participants from other Navy Military Treatment Facilities, have been conducting in order to be ready to deploy, if such a need arises, to meet Navy fleet and Marine Corps current and future requirements (Official Navy courtesy photo).

According to Tepera, the EMF is first and foremost a hospital. They are not light, small footprint medical support facilities. Because an EMF is a hospital – albeit temporary – it has resuscitative medical and surgical care, and selected specialty care. A transportable, medically and surgically intensive EMF provides medical support capability and capacity to any force commander that would not otherwise be available in smaller, more mobile medical support facilities.

Tepera explained that there are several stages of training for the designated personnel assigned to man the EMF.

"First was computer based training related to orientation to the platform, chemical biological (and) radiological (CBR) protection training, and the usual operational readiness stuff. Second, we sent a group to Naval Expeditionary Medical Training Institute, Camp Pendleton, California to build the facility. While there we learned how to build the facility and how to work as a team," Tepera said.

The recently completed second training evolution had subject matter experts testing the combined EMF teams, as well as participants from other Navy Military Treatment Facilities, ability to perform mission requirements. The training also honed the 'one team, one fight' concept of those involved. The long hours and hard work were readily accomplished by a selfless group centered on teamwork.

Tepera acknowledged that EMF leadership noticed that one of the identifiable benefits during both training weeks was the teamwork involved in getting tasks accomplished.

"The training is important to learn how to use the facility, but learning to work as a unit is probably the most important thing. Our staff were awesome," stated Tepera.

NHB Sailors assigned to EMF echoed Tepera's sentiments.

"There was an amazing amount of dedication and teamwork provided during the training evolution. I felt immensely privileged to be part. As a medical laboratory technician by trade, I had both my tech and Fleet Marine Force skills with me. As a lab tech, working in the field is quite challenging due to limited resources, but we are trained in that type of environment and this time helped to reinforce that," said Hospital Corpsman 1st Class (FMF) Rolando D. Aranzanso, NHB Laboratory Department assistant leading petty officer.

"It felt truly wonderful to be a part of such a team. Everyone there was great and had something to bring to the table. Everyone's attitude was truly amazing. I do not think one person complained or was not willing to volunteer

to help with anything. At the EMF setting if you asked for four volunteers you had 10 ready to do anything without hesitation," shared Hospital Corpsman 2nd Class Claire Anderson, noting it was gratifying to see the EMF built after putting in long days to make it happen.

"Watching metal rods and tarps turn into a fully functional, ready-to-go hospital, with air conditioning and gear, was amazing. In the beginning all you saw was dirt and the bags of gear. In the end, there was our EMF," Anderson added.

The EMF concept is not entirely new to NHB, which has an established historical precedence in staffing, readying, and deploying in such a status.

The current 150-bed EMF – one of several models - is actually an updated iteration of the mobile fleet hospital, notably utilized by NHB in 2003 to support Operation Enduring Freedom (OEF) and the start of Operation Iraqi Freedom (OIF). At that time it was the initial, largest, and longest deployed fleet hospital in Navy Medicine, provided direct medical care to approximately 1,400 patients that included more than 250 surgeries.

Reverting back to the EMF concept is a shift from the height of OEF and OIF where NHB staff were routinely deployed on an individual augmentee basis where needed such as the NATO Role 3 Multinational Medical Unit at Kandahar Air Field, Afghanistan.

The primary mission of the EMF is to provide standardized, modular, flexible medical/dental support in an advance base environment to combat operations. If – and when - called upon, NHB's EMF can support the theater commander, joint task force commanders, Marine Corps Air-Ground Task Forces, Naval Amphibious Task Force units, and forward elements of Navy, Army, and Air Force units deployed ashore.

The secondary mission is to provide health service support for use by United States government agencies involved in disaster and/or humanitarian relief, or limited humanitarian care during peacetime operations.

An EMF can accomplish such objectives as provide resuscitative medical care to maximize the return-to-duty of personnel, thus minimizing manpower replacement requirements; deliver a rapidly deployable Navy Medicine asset at any global location to support deployed forces and combat operations; furnish needed hospital beds to augment outside continental United States (OCONUS) medical facilities; and reduce aeromedical evacuation (AE) and subsequent troop replacement requirements.

Each EMF is designed and outfitted to be assembled by the assigned staff and to be fully operational in 10 days. This is in conjunction with site preparation and the transport of components and personnel. An EMF is essentially a self-sustaining medical facility, except for logistical and other base support needs from the theater commanding officer or task force commander.

The EMF offers a range of surgical specialties and general dentistry, along with medical specialties and clinical support services to provide a host of similar functions as a large hospital.

"There is not a better group of Sailors and medical professionals that I would rather deploy with into harm's way than the ones attached to EMF Bremerton. I trust my life in their hands," commented Cmdr. Robert McMahon, EMF Director for Administration.

All in a day's work for Hospital Corpsman 1st Class (Fleet Marine Force) Rolando D. Aranzanso, Naval Hospital Bremerton (NHB) Medical Laboratory Technician, plying his skills during the recently held Expeditionary Medical Facility Training as part of NHB's assembled team of doctors, nurses, hospital corpsmen and support staff, as well as participants from other Navy Military Treatment Facilities, which recently conducted practical hands-on training as part of EMF platform readiness to deploy, if needed, to meet Navy fleet and Marine Corps current and future requirements (Official Navy courtesy photo).

Answering the Call – Corpsmen hone battlefield skill with TCCC training

By Douglas H Stutz, Naval Hospital Bremerton Public Affairs -- When the cry went up that a corpsman was immediately needed for a casualty, students as well as instructors quickly realized that Naval Hospital Bremerton's Tactical Combat Casualty Care (TCCC) program demanded their best.

Anything less and the casualty became a fatality.

"TCCC is probably one of the most important trainings a corpsman will attend. There are more advanced courses but as far as basic skills every corpsman should possess, TCCC is it. What really matters for us as corpsmen in the field is getting to the wounded as fast as we can. We're saving their life. We're not surgeons, but we're buying time to get them to a higher echelon of care," said Hospital Corpsman 2nd Class Shane Faulkner, TCCC instructor.

Faulkner, with eight years of Navy experience, including half that time attached to 3rd Battalion 1st Marines, Weapons Company, Scout Sniper Platoon, notes that the program was designed and implemented into the Navy because of the unique challenges that corpsmen face in the field. TCCC takes into account the tactical side as well as the traumatic injuries corpsmen have to handle in that environment.

"The goal of the program is to give every student a firm foundation in the principles and skills required to apply TCCC in a real world setting. We want to be able to treat the casualty, prevent additional casualties, and complete the mission," stated Faulkner.

The week-long course provided Sailors with the necessary techniques, abilities and knowledge to provide emergency medical support and evacuation during a simulated combat environment. Instructors demanded rapid response, prompt assessments, and precise applications from the students. Indecision, unease or procrastination were antagonists to be overcome.

"The end-all goal is for a corpsman to keep their casualty alive to get them to a higher echelon of care. We do this by using a simple algorithm, 'MARCH,' our combat medicine algorithm. MARCH stands for, M for Massive hemorrhage, A for Airway, R for Respirations, C for Circulation, and H for Head and Hypothermia. It is designed to treat what will kill casualties from first to last. We go over and over until it becomes muscle memory," said Faulkner.

Hospital Corpsman 3rd Class Joseph Alvis, a veteran of several deployments down range in Afghanistan, including one to the volatile Sangin district of Helmand Province and another as a Special Operations Combat Medic in Western Afghanistan, echoed Faulkner's perspective on repetitively using the MARCH algorithm to help improve muscle memory.

"When treating a patient in a combat environment, it's important to create a systematic approach to assessing a patient to ensure you're doing everything in your ability to get your patient an improved chance of surviving. That systematic approach helps build muscle memory that cuts down overall time from the point of injury to the operating room," said Alvis.

Alvis attests that medicine is a practice, no matter the level, and takes a lot of frequent studying and continual prac-

tice to keep up with the times, especially if the skill is needed on the battlefield.

“I want everyone to get a feel for how exponentially difficult things become when treating a patient in combat. What seems a simple task can now become your worst enemy on the battle field if you don't practice medicine under stress. That stressor can be simulated easily by putting yourself on a clock, practicing medical skills in the middle of a workout when tired, or creating skill lanes with a group of buddies and racing one another. I also would like to stress the importance of staying humble and most importantly hungry for knowledge, understanding the why,” Alvis explained.

Faulkner, Alvis and other instructors had the students apply their skill necessary for the course by going over such requirements as being able to handle primary and secondary patient assessment, administering CPR, shock recognition, spinal stabilization, casualty drag and carry, dealing with airway emergencies, hemorrhage control, chest needle decompression, and applying splinting and pressure dressings.

“For most corpsmen TCCC will be the only training on trauma before they deploy. It becomes hard sometimes trying to emphasis to the students that you just never know when you might actually be put in the situation were you actually have to use it,” said Faulkner.

From the classroom to the field, NHB’s TCCC provider course is held monthly at the Behavior Health and Education Center on Naval Base Kitsap – Bangor, as well as in the surrounding wooded area.

Those enrolled are guaranteed to MARCH.

Fleet Marine Force hands-on battlefield training... Hospital Corpsman (Fleet Marine Force) 3rd Class Joseph Alvis assigned to Naval Hospital Bremerton takes a leading role in the Tactical Combat Casualty Care (TCCC) program to test the mettle of enrolled students to keep their casualty alive. For Alvis, the TCCC program is an extension of who he is as a hospital corpsman.

"It's a devotion to ones team as well as to the mission. It's being an individual who sets standards and exceeds them in order to push his/her team to greater success. A corpsman is selfless, honest, and beyond else dedicated. A corpsman is dedicated to perfecting his craft in order to fulfill his/her promise to provide the best care within their ability. A promise to take care of the thing that matters the most in the Navy, its people. I became a hospital corpsman because I wanted to be the person that people could depend on, especially in the worst of situations. I wanted the skillset to keep my brothers and sisters in the fight. I wanted to bring the fight to our nations enemies. (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

As part of Occupation Therapist Appreciation, Seeing is also believing with...as Hospital Corpsman 1st Class Matthew Oberg is assisted by Hospital Corpsman 3rd Class Franklin Brogan as he tries on vision impairment simulation glasses to see the actual affect glaucoma can cause in dealing with normal daily activities such as reading. Occupational Therapists help those with low vision issues such as glaucoma by providing support in a number of ways (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs)

Getting a grip with the Occupational Therapy Clinic...Hospitalman Kamal Asante Green, Naval Hospital Bremerton Physical Therapy technician and Georgia native, gives a grasp of his grip on the hand dynamometer to not only test his isometric strength, but more importantly, gauge for other health conditions such as cerebrovascular accident (CVA), or what is more commonly known as a stroke (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Grasping what he got with Occupational Support Clinic support... Cmdr. Christopher Keith, Naval Hospital Bremerton Director Clinical Support Services attempts his grip on the hand dynamometer to not only test his isometric strength, but more importantly, gauge for other health conditions such as cerebrovascular accident (CVA), or what is more commonly known as a stroke (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Corpsman Spotlight

Ask Naval Hospital Bremerton's Hospital Corpsman 2nd Class Claire Anderson (center) what being a Navy hospital corpsmen means to her and you will get a candid and direct reply.

"Being a hospital corpsman means everything to me. It is a way of life, a structure, a family. It is choosing to wake up each day to follow in the footsteps of those who have come before me and hopefully one day make them proud of what I have done, and set the standard for those who come after me."

Anderson tested her mettle as a corpsman in multiple tasks during NHB's Expeditionary Medical Facility Training, including providing surgical support to the surgeon and anesthesiologist during a casualty receiving exercise.

The training was conducted in order to be ready to deploy should the need arise to meet Navy fleet and Marine Corps current and future requirements, which is exactly the way Anderson has aligned her chosen Navy path.

“I became a hospital corpsman to help others. Being in a role where others depend on you is one thing, being in a rate where others depend on you to save your life is a responsibility that is the highest honor. I joined to help save others, and along the way it has saved me in more ways than one (Official Navy courtesy photo).

Hospital Corpsman 1st Class Sherwayne Festejo from Naval Hospital Bremerton's (NHB) Radiology Department slips a X-ray cassette film underneath a mock patient during a casualty receiving exercise assisted from other corpsmen during Expeditionary Medical Facility training the previous year. NHB doctors, nurses, hospital corpsmen and support staff, as well as participants from other Navy Military Treatment Facilities, have been conducting such training in order to be ready to deploy, if such a need arises, to meet Navy fleet and Marine Corps current and future requirements. For Festejo, taking his radiology technician skill into the field is something that comes naturally to him. "Growing up with a military and medical background in our family was a great influence on why I became a hospital corpsman as profession. I wanted to follow their footsteps and make a difference in the world by taking care of Sailors and Marines," Festejo said. "The hospital corps is about tradition and legacy. Being a part of the most decorated rating in the Navy gives me a sense of pride." (Official Navy courtesy photo)

A 'Frocking Friday' with family and friends...Hospital Corpsman 2nd Class Rachel Gonzalez, assigned to NHB's Health Care Operations, is formally frocked during the command's advancement ceremony on June 1, 2018, that featured six newly selected first class petty officers, 15 newly selected second class petty officer, and nine newly selected third class petty officers. "This is a tremendous achievement resulting from years of hard work, studying and superior performance," shared Capt. Jeffrey Bitterman, Naval Hospital Bremerton Commanding Officer. (Official Navy photo by Douglas H Stutz, NHB public affairs)

Corpsman Spotlight

Service Before Self Recognition...Hospital Corpsman 1st Class (Fleet Marine Force) Danny Williams, was completely taken aback and surprised with recently being presented with Naval Hospital Bremerton's 5-Star Service Employee of the Month Award.

Williams was recognized for displaying all four of NHB's customer service standards and values - accountability, empathy, positive attitude and responsiveness - in helping a patient in search of a solution.

Ask Williams, and he will attest that what he was recognized for is exactly what being a hospital corpsman is all about.

"Being a hospital corpsman means caring for others that are in need of any and all medical attention. It has truly been an honor to serve along my brothers and sisters, in the Navy's only enlisted corps," said Williams, a North Carolina native, who had noticed a perplexed patient and took it upon himself to provide escort, as well as words of encouragement along the way, to take the patient to the proper department to assist with a vexing problem.

The look of relief - as well that the patient's problem mattered - and being personally escorted to getting the issue resolved were true display of top-notch patient centered care and customer service.

This is but one example of Williams continuously going out of his way to help others—staff, visitors, patients - in need. His compassion, character and competence are a testament to his sustained superior performance.

Accepting the award , on behalf of his department, did however accomplish a first; It rendered him speechless. Shipmates attest that has never happened before...(Official Navy photo by Douglas H Stutz, NHB Public Affairs).

NHB Sailor prepares Hospital Corpsmen from One War Zone for Another

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer-- For Naval Hospital Bremerton's Hospital Corpsman 1st Class Darrius A. Cooley, working in a war zone setting – such as the battlefields and battlegrounds of Iraq - is a deployment reality for many hospital corpsmen.

Even in a training environment.

Cooley was one of eight instructors teaching 15 corpsmen from April to June in the Hospital Corpsman Trauma Course, a unique military and civilian trauma training collaboration between Navy Medicine, Capt. James Lovell Federal Health Care Center (FHCC) and John H. Stoger Hospital, Cook County, Illinois.

"This training was extremely valuable to any Sailor who may find themselves in a trauma environment. This training can almost guarantee that when they finally encounter a trauma patient on the battlefield or on board ship, they will be prepared to provide medical care with little or no hesitation. We focused on real world trauma regardless of the environment," said Cooley, a Laurel, Miss. native with Fleet Marine Force and Surface Warfare designations.

The Training consisted of a week's worth of classroom training at Lovell FHCC, followed by six weeks of trauma training at Cook County, focusing on Trauma Resuscitation, Trauma Intensive Care Unit, Burn Unit, and the Emergency Department.

As a Level 1 Trauma Center, John H. Stoger Hospital has one of the country's highest rates handling 'penetrating trauma injuries' such as gunshot and stabbing wounds, making it a practical setting for trauma-training.

Colley and his students witnessed patients arriving at all hours. Many bloodied, some bandaged, all battered and bruised. There were stabbing victims, automotive casualties and gunshot fatalities.

Cooley attests that teaching Navy personnel in how to handle immediate trauma care in daily life-or-death medical emergencies was as convincing an experience as possible for his students, all from military treatment facilities with orders to operational units.

"The primary focus of the training was to provide Sailors with the skills and clinical knowledge needed to provide medical care in a complete trauma environment. The opportunities provided were world-class. The amount of trauma opportunities far surpassed any training I had been exposed to prior to this temporary assigned duty," Cooley said.

Cooley, NHB's Directorate of Administration leading petty officer and surface force independent duty corpsman, knows firsthand of what he teaches.

He has deployed on operational tours at sea, along with multiple combat tours. He was at An Nasiriya, the site of the U.S. Marines initial significant battle during Operation Iraqi Freedom, and Al Fallujah, Iraq, during the initial 2003 invasion, and back again supporting the First Battle of Fallujah in 2004.

The seven-week course had Cooley putting in a typical day of working overlapping 12-hour shifts combining the didactic and hospital rotations. From classroom to clinical, his entire focus was on his students, responsible along with the other instructors, for the day-to-day coordination of all medical topics during the didactic phase.

“The curriculum held at FHCC included multiple corpsmen and provider skills on IV insertion, Basic Life Support, Tactical Casualty Care, to name a few. At the hospital, the trauma rotations consisted of shifts in the Trauma Resuscitation Area, Emergency Department, Burn Intensive Care Unit and Trauma Intensive Care Unit,” said Cooley, noting that the others instructors were acute care nurses, clinical care nurses, and intensive care nurses.

Corpsmen also went through the Tactical Combat Casualty Care Course in the FHCC Simulation Center, featuring an immersive, interactive environment that realistically simulated conditions on an urban battlefield.

“The training was focused on real world trauma regardless of the environment,” said Cooley.

In the hospital, Cooley and the other instructors functioned as medical providers and extended members of the hospital staff during their shift rotations. The students worked alongside civilian counterparts as well as Navy peers.

“When dealing with any trauma care patient, the goal is to identify and treat the life-threatening conditions, while still managing similar medical concerns with other patients,” Cooley said, adding that the students were taught to work as a team, rapidly assess other needs such as supplies and medical instruments required, all while trying to keep cool under enormous pressure to save someone’s life.

“The most gratifying moment during the entire training evolution was when we had multiple trauma cases come in at once and every Sailor was able to use the training they received to provide continuous care during a staff shortage. During that moment, we were all like, ‘hey, the training actually does work,’” related Cooley.

The benefits of the training included improved readiness and clinical competency, increased corpsmen knowledge, skills, and abilities and enhanced future partnership framework. The value of teamwork was also continually emphasized.

“Team dynamics were an important part of our clinical rotations. Teamwork was learned in the controlled (classroom) environment and sharpened in the actual trauma environment. Teamwork was an important skill used throughout every facet of the trauma center. Everything in the trauma environment requires teamwork,” Cooley stated.

That teamwork and training also included guidance on the uncomfortable reality if – and when - a trauma patient didn’t make it. Death in a simulation lab is academic. A fatality in real-life is a stark reminder that caring for severely wounded casualties in any war zone can be an emotional rollercoaster.

“Unfortunately, as a team we experienced multiple deaths during our trauma rotations. However, I am extremely proud of how our Sailors conducted themselves during those events. They handled every situation with compassion and caring regardless of the situation. I am extremely proud to have worked with that group of Sailors,” said Cooley.

The feedback from students, as well as instructors, has been positive.

“Overall the opportunity to train and mentor the next generation of Navy Medicine professionals was an amazing opportunity that I will remember for the rest of my life,” Cooley asserted.

OHSU Bremerton teams with Air Force for successful field exercise

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer -- There was a series of firsts achieved by Navy Medicine's Operational Health Support Unit Bremerton during the joint exercise Rainier Med II 2018 held for two weeks in June this year.

According to Capt. Frank Brajevic, OHSU Bremerton commanding officer - along with Expeditionary Medical Facilities Camp Pendleton, Dallas, and Great Lakes, and NRNMETC - the Bremerton detachment became the initial OHSU to participate in a Navy and Air Force joint exercise, as well as provide training in Tactical Combat Casualty Care and Hospital Corpsman Skills Basic to their Air Force host, the 446th Aeromedical Squadron based at Joint Base Lewis McCord.

"The command was proactive in seeking new training platforms and partnerships to increase individual and command readiness,' stated Brajevic.

Naval Hospital Bremerton supported the exercise by releasing 70 reservists from their usual annual active duty for training requirements to participate in Rainier Med II and provided equipment and public affairs coverage in support of the exercise.

"This was a tremendous opportunity to build partnerships, support training in joint environment, and is aligned with the Surgeon General's strategic objectives for enhancing readiness and partnerships," commented Capt. Jeffrey Bitterman, Naval Hospital Bremerton commanding officer.

There was another unintentional first associated with the TCCC potion of the joint exercise. The Air Force officer and enlisted personnel undertaking the course found themselves face-to-face, getting an earful, of very vocal tutelage from Navy Reserve Navy Medicine Education and Training Command instructors.

"Although there's no real way to simulate for real out here, we do try and make this training as real as we can by putting a lot of pressure on them. Many of them know what to do once a patient gets to them in an aircraft, but we are teaching them what to do on the ground before that stage. Plus, when's the last time any of us TCCC instructors got to yell at a colonel?" exclaimed Hospital Corpsman 1st Class Jeff Bruderer, TCCC instructor.

There were approximately 100 members of 446th Aeromedical Squadron who went through the training that provided them - and OHSU Sailors - with the necessary techniques, abilities and knowledge to conduct rapid emergency medical support and evacuation during a simulated combat environment.

When Lt. Cmdr. Roman Cruz, OHSU Bremerton nurse, noticed the Air Force personnel gearing up for TCCC, he knew what they were going to experience.

Once in the field portion of the training, they were going to get yelled at.

A lot.

"When they start the actual outdoor part of TCCC, they will probably be really tested and evaluated like never before. They will get to apply the didactic portion to the actual field exercise where they will be constantly evaluated and deliberately put under a lot of stress (to save lives). And it will be loud. That's what the instructors do," said Cruz.

The students were taught prehospital trauma care in a tactical combat setting, trained in evidence-based tactical life-saving techniques and strategies, and then given a hands-on opportunity to practice what they learned.

The TCCC instructors showed no mercy to their students and demanded rapid response, prompt assessments, and precise applications from the students. Indecision, unease or procrastination were hurdles that had to be cleared. There were lives to save. Every second counted.

The students were tested in handling such emergency medical concerns as primary and secondary patient assessment, administering CPR, shock recognition, spinal stabilization, airway emergency, hemorrhage control, chest needle decompression, applying splinting and pressure dressings. They also were tasked with dragging a simulation mannequin of equal weight a lengthy distance over uneven terrain.

The TCCC focus was to provide a detailed hand-on experience on what it takes to care for a wounded patient from the field through all levels of care. The joint environment tested their capabilities not only from point of injury on the battlefield, but on through successive echelons of care including various aircraft – fixed wing and helicopter - and 10-bed and 50-bed facilities.

Other training conducted during the time included security training with basic M-16 introduction and basic weapon handling, caring, cleaning and maintenance; along with HMSB teaching how to perform a rapid and detailed patient exam, basic medication administration, IV flow rate(s), hemorrhage and bleeding control, and vein puncture for blood draw and IV insertion. Chemical, Biological, Radiological, Nuclear and high yield Explosives (CBRNE) course objectives focused on donning and doffing protective gear and improving understanding and confidence in the gear, as well as understanding threat types and responses. Overall, 153 TCCC and 37 HMSB certificates were earned.

The Navy components participating in Rainier Med II Exercise were OHSU Bremerton Headquarters staff and Detachments C, D, F, I, K, L, N, O, Virtual Detachment, and Expeditionary Medical Facilities Camp Pendleton, Dallas, and Great Lakes, and NRNMETC. The Air Force units involved included medics from the 446th Airlift wing and 624th Aeromedical Staging Squadron.

Corpsmen Four to the Fore at Naval Hospital Bremerton

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer -- It's not infrequent for hospital corpsmen in varied career stages to share a common connection.

Such proved to be the case for Hospital Corpsman 1st Class Chad Galvin, Hospital Corpsman 2nd Class Blake Chastain, Hospital Corpsman 3rd Class Dylan Stuart, and Hospitalman Richard Medina.

The quartet were all selected for Naval Hospital Bremerton's Sailor of the Quarter, for the first quarter of Fiscal Year 2019.

The Senior Sailor of the Quarter was HM1 Galvin, Director for Medical Services leading petty officer; Sailor of the Quarter was HM2 Chastain, Director for Surgical Services and Orthopedics Department LPO; Junior Sailor of the Quarter was HM3 Stuart, Clinical Support Services' Physical Therapy Department; and Blue Jacket of the Quarter was HN Medina from the Directorate of Nursing Service and Multi-Service Unit (MSU).

Ortho rollout...Naval Hospital Bremerton's (NHB) Hospital Corpsman 2nd Class Blake Chastain was selected as the command's Sailor of the Quarter for the first quarter of Fiscal Year 2019. The Cleveland, Tenn. native and Bradley Central High School graduate is the leading petty officer for NHB's Orthopedic Department and also an orthopedic cast technician. Also recognized were Hospital Corpsman 1st Class Chad Galvin from western Michigan, Director for Medical Services Leading Petty Officer, as Senior Sailor of the Quarter; Hospital Corpsman 3rd Class Dylan Stuart of Revere, Mass., Clinical Support Services' Physical Therapy Department, as Junior Sailor of the Quarter; and Inglewood, Calif. native Hospitalman Richard Medina from the Directorate of Nursing Service and Multi-Service Unit as Blue Jacket of the Quarter (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs).

Medina, an Inglewood, Calif. native and Morningside High graduate, is currently assigned to NHB's MSU where he uses his clinical skills to aid patients back to full health. Providing such patient-centered care has been the most rewarding aspect of his approximately two years in the Navy.

"The most gratifying moment I have experienced since I've joined the Navy has to be the recognition I get from the patients I've helped whilst there stay on the ward. Their satisfaction with the care I provide assures me I am doing my absolute best," said Medina.

His best memory so far in his relatively short career?

"I'd have to say the best memory I've had since joining the Navy Medicine team is the time I assisted one of our providers on our Labor and Delivery floor with a delivering a baby," related Medina.

When asked 'what does being in the Navy mean to you,' Medina replied, "Being in the Navy, to me, means that I am part of a bigger force that not only keeps our country safe but is also willing to help those in need. We are one big, strong, family, who are all connected through three things: honor, courage, and commitment," he said.

Medina's goals include being able to advance on his career and hopefully beyond.

"One of my main goals, someday soon, is to continue my naval career as a Navy Nurse Corps officer," he said.

For Stuart, a Revere, Mass. native and Revere High School graduate with six years in the Navy, NHB is his second assignment after an initial tour at Branch Health Clinic Iwakuni, Japan.

The most rewarding aspect of his career has been interacting and helping others he has worked for and worked with during his assigned duties.

“The relationships formed with my peers throughout the years has been the most gratifying. And saying goodbye to those people that I’ve grown close to and having to form new relationship has been the most difficult,” shared Stuart, the leading petty officer of NHB’s Physical Therapy and Occupational Therapy department.

Stuart’s duty in the Far East has provided him his favorite memory as part of Navy Medicine.

“As a lead emergency medical technician instructor at Iwakuni, I was seeing the students I taught put their knowledge to good use and work together to take care of our Sailors, Marines and their families,” Stuart said.

Although Stuart is transitioning in several years back to Revere to work for the fire department, he plans to continue to do all he can to assist others with their goals.

“There are two other third class petty officers in my department. My goal before I separate is to help them both advance in rate,” stated Stuart.

Cleveland, Tenn. native and Bradley Central High School graduate Chastain is the leading petty officer for NHB’s Orthopedic Department and also an orthopedic cast technician.

“As an orthopedic tech, I work closely with orthopedic surgeons to evaluate and treat orthopedics and sports medicine related injuries. As the leading petty officer, I work with six other Sailors guiding and mentoring them through their career choices,” explained Chastain, adding that helping younger Sailors find their way in life has been the most gratifying facet of his Navy career.

“Being in the Navy means service to my fellow man and I’m grateful for the opportunities I’ve had. Been able to see the world has been amazing,” Chastain said.

Galvin’s Navy career encapsulates the diverse responsibilities of being a Navy hospital corpsman. Before his current position leading Sailors in accomplishing multiple responsibilities, sharing his technical knowhow and assisting command leadership with administrative and communication tasks, he served as an instructor for the Joint Navy/Army respiratory therapist program at Fort Sam Houston, Texas. He has been assigned to Navy platforms in Groton, Conn., and Charleston, S.C., and deployed with Fleet Surgical Team (FST) 8 out of Norfolk, Va.

“The most gratifying part of my Navy career has been deploying, and the most difficult part of my career has been deploying,” remarked Galvin, a Western Michigan native from Hesperia High School.

Galvin has continued to demonstrate Navy corpsmen traits of being able to serve in a score of environments and handle the most advanced technology and sciences to support Sailors, Marines and their families. During his time with FST 8, he did two deployments – that included providing emergency care - between Sept. 2011 and Nov. 2013. He also deployed three times on the Military Sealift Command hospital ship USNS Comfort (T-AH 20) to provide humanitarian assistance to those in need.

Galvin has also added an Associate in Applied Science Degree from Thomas Edison University to his Navy schooling.

The common connection amongst the four goes well beyond being recognized as Sailor of the Quarter. Each observes the Hospital Corps pledge to hold the care of those sick and injured to be a sacred trust, as well as dedicate heart, mind, strength to their work, and do all within their power to carry themselves as an example of all this is honorable and good throughout their Navy career.

“Congratulations on your selection and thanks for your hard work, dedication and sustained superior performance! Our Sailors, Marines and their families depend on you. You deliver readiness and safe high quality healthcare on a daily basis. Keep up the great work,” said Capt. Jeffrey Bitterman, NHB commanding officer.

Attentive to the top…

As Naval Hospital Bremerton honored the 126th Navy Chief Petty Officer Birthday, morning colors were conducted by the trio of Chief Hospital Corpsman (Fleet Marine Force) David Squires (shown), along with HMC (Submarine Warfare) Andrew Dye, and HMC (FMF) Jose Naranjilla, Jr.

It was Navy General Order 409 of February 25, 1893, that established the rate of chief petty officer.

The legacy lives on 126 years later, with approximately 40 staff members assigned to NHB who wear the anchors on their uniform, as well as retired chiefs, commemorating the date.

As has been the case in the past, the chiefs collectively took a moment to look towards their past, from a time when there was no Chiefs Mess and no CPO creed.

But there was a standard already in that humble beginning of putting service before self, an instinctive insight that more was expected of them, and that each generation of chief is charged with helping to shape and mold a legacy of exemplary character, high standards and devotion to duty.

As deck-plate leaders, valued mentors, and technical experts, Navy chiefs continue to help develop future officers and enlisted leaders (Official Navy photo by Douglas H Stutz, retired Navy Chief Journalist).

I am Navy Medicine: Hospital Corpsman 2nd Class Dylan Stuart

As related to Douglas H Stutz, Naval Hospital Bremerton public affairs – "I am Hospital Corpsman 2nd Class Dylan Stuart, assigned to Naval Hospital Bremerton (NHB)."

Stuart, a Revere, Mass. native and graduate of Revere High School 2010 graduate, was selected on March 26, 2019 to be meritoriously advanced in rate.

"Congratulations on such an outstanding achievement. Your hard work, dedication, and sustained superior performance are clearly shining through! I am confident that your ability to lead by example in motivating others will result in Command growth and future promotions for other Shipmates," said Capt. Jeffrey Bitterman, NHB commanding officer.

Stuart was one of 12 to be selected Sailors – and recognized as a top performer – for the Navy's Fiscal Year 2019 Meritorious Advancement Program (MAP) out of approximately 550 enlisted personnel.

"I was first and foremost surprised, and extremely grateful for the position my leadership put me in to get me to this point. Without them I certainly wouldn't be able to achieve the things I have. I'm extraordinarily happy and excited," said Stuart, leading petty officer for NHB's Physical Therapy and Occupational Therapy Department.

It was Stuart's early interest in the medical field that has led him to serving approximately six years in the Navy, with NHB his second assignment after an initial tour at Branch Health Clinic Iwakuni, Japan.

"I was interested in emergency medicine from a young age. However, when I was in high school I found myself dreading going to college. Looked into the military and after researching the hospital corpsman rate a bit, I immediately felt that was what I wanted to do. I could work in the field of medicine and serve my country at the same time. Can't get much better," Stuart said, noting that his most compelling assignment – so far – happened during his time in Japan.

"While stationed at Marine Corps Air Station Iwakuni, Japan I was one of the lead emergency medical technician (EMT) instructors for the base EMT program. Teaching and working with students, and seeing them put their knowledge to good use to take care of our Sailors, Marines and their families was exciting," recollected Stuart.

Although he attests that being far from home and missing a lot of major family moments can be difficult at times, he has made the most of the flip side to that.

"Traveling to locations I've never been is always great, but the general camaraderie between the Sailors, Marines, and other military members I've had the opportunity to work with is something that never gets old," exclaimed Stuart, adding that he considers working alongside his friends and peers as the best part of his Navy career.

"It's easy to come to work when you enjoy the people you work with," he said, acknowledging that he continues to set and achieve goals.

"Hit a lot of personal goals recently," he said. "I was selected for the MAP to second class petty officer, and my request to affiliate with the Navy Selected Reservists (component) was approved following my end of active obligated service in April, 2020. Following that I will be attending the Massachusetts Fire Academy in order to join the Revere Fire Department as a full time Fire Fighter/EMT. In the meantime I would like to work my way towards a degree in Fire Science," shared Stuart.

The Navy's surgeon general has stated that there's a renewed emphasis on readiness and the Hospital Corps, the Navy's only enlisted corps, will continue to rely on hospital corpsman - like Stuart - to serve in scores of environments to support the warfighter by utilizing the most advanced technology and sciences. Along with their own drive, discipline, and determination, like Stuart.

"As the leading petty officer for my department, the readiness of my Sailors specifically is a daily objective and one of my primary focuses," said Stuart. "I assure they're up to date with all of their training and medical readiness. I make sure they are staying in shape physically to meet and exceed Navy standards, and I emphasize in providing them as many opportunities as possible to take additional courses and training to expand their knowledge and physical readiness."

The Navy's MAP authorizes commanding officers to advance eligible enlisted Sailors – like Stuart - in paygrades E5 and below to the next higher paygrade, and provides the opportunity to acknowledge those personnel – like Stuart - who have demonstrated they are ready for the next level of responsibility by advancing them in rate. The program also grants greater authority to individual commands to better structure their manning levels, and overall helps the Navy by continuing to develop and reward talented Sailors, like Stuart.

Lab Pros Pause…*and take a moment from their daily duties - they handled approximately 798,400 lab studies in 2018 - to be recognized for all efforts during National Medical Laboratory Professionals week, April 21-27, 2019. The staff are very multi-disciplined and includes such specialties as admin support, phlebotomists, medical technicians, medical technologists, cytotechnologists, histology technicians, and pathologists. Specific duties handled by Med Lab technicians includes; collecting blood or body fluids; accessioning patient samples to allow automated equipment and Lab information systems to analyze, interpret ordered testing; processing patient samples to allow ordered tests to occur; performing testing in Chemistry, Hematology, Urinalysis, Coagulation, Microbiology, Blood Banking, Serology, Histology, and Cytology; collating and verifying testing results; certifying the authenticity of results and release them to the health care providers; conducting Quality Control and Quality Assurance Initiatives to ensure the continued accuracy and precision of reported results; and equipment maintenance in every area listed above. (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs).*

A Solemn Remembrance for Memorial Day

By Douglas H Stutz, Naval Hospital Bremerton public affairs – On a sweltering summer day in volatile Helmand Province, Afghanistan, Capt. Jeffrey Bitterman, then an deployed emergency physician, met Hospitalman Riley Gallinger-Long, attached to 1st Battalion, 6th Marines.

Two days later, Bitterman saw Gallinger-Long again.

For the last time.

The 19-year old from Cornelius, Ore. was killed in action in the Marjah District of Helmand on August 11, 2011. His name is one of 57 etched on Naval Hospital Bremerton's (NHB) 'Hospital Corps Heroes' Wall of Honor' that was the site of the command's solemn Memorial Day remembrance ceremony on May 24, 2019.

"I met Gallinger-Long at Camp Bastion," related Bitterman, NHB commanding officer, "he was an impressive young man and outstanding Hospitalman."

The British-run Camp Bastion was co-located with Camp Leatherneck and the site of the Joint Operating Base Camp Bastion Role 3 hospital. A typical day in the emergency room had those on duty handling multiple life, limb, and/or eyesight threatening trauma cases.

Bitterman noted that the 97 percent casualty survival rate of Operation Enduring Freedom in Afghanistan along with Operation Iraqi Freedom, although an unprecedented high mark, did come at the tragic cost of those like Gallinger-Long killed in the line of duty.

"It's those two-three percent who didn't make it back that keep you up at night. It's fitting that we are here in his memory and all of the others here on this wall. Our heart goes out to all who made the ultimate sacrifice to protect our freedom and way of life," added Bitterman.

NHB's 'Hospital Corps Heroes' Wall of Honor' was unveiled on May 22, 2015, and represents the names of those United States Navy hospital corpsmen killed from the battlefields of Iraq to the firefights in Afghanistan. The etched names like Gallinger-Long range from age 19 to the oldest at age 37.

"We're here to remember the fallen and to recognize their service. NHB is unique in having one of the very few hospital corpsmen memorials in the entire world. It's a tribute to our fallen brothers and sisters, a lasting memory for all eternity," said Senior Chief Hospital Corpsman Cameron Wink, master of ceremony for the remembrance.

In Memory Of...Chief Hospital Corpsman Alvin Villevacua Cruz, Naval Hospital Bremerton leading chief petty officer, places a ceremonial poppy at NHB's 'Hospital Corps Heroes' Wall of Honor' that was the site of the command's solemn Memorial Day remembrance on May 24, 2019. The 'Hospital Corps Heroes' Wall of Honor' was unveiled on May 22, 2015 and represents the names of 57 United States Navy hospital corpsmen killed from the battlefields of Iraq to the firefights in Afghanistan (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs).

The wall was a culmination of a fledgling idea by Hospital Corpsman 2nd Class (Fleet Marine Force) Michael Nakamura and Hospital Corpsman 2nd Class (Fleet Marine Force) Derrick Ward, joining other hallowed displays at NHB for hospital corpsmen who have received the Medal of Honor, Navy Cross, and those listed Prisoner of War/Missing in Action (POW/MIA).

Wink explained what is now known as Memorial Day was initially established as Decoration Day after the Civil War for family and friends to visit and adorn the graves of those lost in that conflict (1861-1865).

“As time went on, the observation became known as Memorial Day. In 1971, Congress declared it an official holiday set to fall annually on the last Monday in May,” said Wink, encouraging all those in attendance to place a poppy or flower on the memorial.

Memorial Day provides America the unique opportunity to remember those who have paid the ultimate sacrifice. The list is long.

- 291,557 combat deaths in World War II
- 212,938 deaths in our American Civil War
- 53,402 deaths in World War I
- 47,355 deaths in the Vietnam War
- 33,746 deaths in the Korean War
- 8,000 deaths in the Revolutionary War

- Well over 6,900 fatalities since Sept. 11, 2001, including Operation Enduring Freedom, Operation Iraqi Freedom, Operation Freedom Sentinel, Operation New Dawn, and Operation Inherent Resolve.

“Remember the wise words of Gen. George Patton who said, ‘it is foolish and wrong to mourn the men who died. Rather, we should thank God such men lived,” concluded Wink.

I am Navy Medicine: Hospital Corpsman 1st Class Jonathan Faletoi

By Douglas H Stutz, NHB public affairs officer, in conjunction with the 121st Hospital Corps Birthday – "I am Hospital Corpsman 1st Class Jonathan Faletoi, assigned to Naval Hospital Bremerton."

Faletoi, from Pago Pago, American Samoa, and 2005 graduate of Rancho Alamitos High School, Calif. and Thomas Edison State University, N.J. in 2018, was recently selected as NHB's Senior Sailor of the Quarter.

Making a point ...Hospital Corpsman 1st Class Jonathan Faletoi provides instructional help teaching Naval Hospital Bremerton's Tactical Combat Casualty Care (TCCC) program. Faletoi, Fleet Marine Force warfare qualified and a veteran of several deployments, was recently selected as NHB's Senior Sailor of the Quarter. Part of his selection noted his commitment with assisting Sailors during the week-long TCCC, sharing his insightful knowledge - hands on at times - on the necessary techniques, abilities and expertise needed to provide emergency medical support and evacuation during a combat environment. Although a simulated scenario, Faletoi and other instructors demanded rapid response, prompt assessments, and precise applications from the students (Official Navy photo by Douglas H Stutz, NHB public affairs)

"Congratulations on your selection and thanks for your hard work, dedication and superior performance," said Capt. Jeffrey Bitterman, NHB commanding officer.

"I'm honored to represent our command as the Senior Sailor of the Quarter. I was shocked and very humbled to be selected. I actually thought it was a joke at first," said Faletoi, leading petty officer for NHB's Branch Health Clinic Bangor, who also handles additional duties such as Pacific Northwest Hospital Corpsman Ball Committee president, Petty Officer First Class Association secretary, clinic career counselor, and clinic training petty officer.

Faletoi began his Navy career assigned to Naval Medical Center San Diego where he learned – and honed his knowledge – on the basics and fundamentals of nursing services on a medical surgical ward.

That experience was an outgrowth of his initial awareness in pursuing a career in the Navy, and Navy Medicine in particular.

A couple of reasons I was interested. The first was the ability to directly help others in their time of need and sickness. Secondly, as we all know being able to provide health care is a valuable skill that can be applied anywhere and anytime. Navy Medicine provides that aspect of worldwide care at any given time," explained Faletoi.

Navy Medicine has taken Faletoi from a major military treatment facility to a casualty collection point in the heart of Afghanistan with 1st Marine Division.

He has handled such roles as field medical corpsman on the battlefield(s) of Central Asia, and assistant leading petty officer in Naval Hospital Camp Pendleton's Family Medicine department before his current duty at NHB.

"Navy Medicine has also taken me to Tri-Service (Army, Navy, and Air Force) school in San Antonio Texas, to the halls of the oldest Naval Hospital in Portsmouth Va., and to Naval Base Kitsap - Bangor in the Pacific Northwest," Faletoi said.

The Hospital Corps is the Navy's oldest enlisted corps, and Navy corpsman like Faletoi serve in scores of environments, from state-side training platform hospitals to fields of battle. They use the most advanced technology and science to support Sailors, Marines and their families. It's no small wonder that Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery, has consistently praised their collective efforts in providing care for casualties since Sept. 11, 2001 supporting Operation Enduring Freedom, Operation Iraqi Freedom, Operation Freedom Sentinel, Operation New Dawn, and Operation Inherent Resolve.

"The heroism and capability of our hospital corpsmen on those battlefields is a main reason why we have had an unprecedented 97 percent survival rate caring for our wounded," shared Faison at a visit recently to NHB and Naval Health Clinic Oak Harbor.

It's no surprise that Faletoi's most memorable assignment – so far - was when he was deployed with 1st Marine Division in 2009 to Afghanistan.

“Our platoon was attacked by enemy fighters at dusk. We unfortunately took casualties. However with great Marines coupled with great tactical awareness, I was able to apply what I've learned while under fire and successfully saved the lives of all of my injured Marines that evening. No other medicine can you get that type of experience other than Navy Medicine,” related Faletoi.

Navy Medicine has a renewed emphasis on readiness and will continue to rely on Faletoi and other hospital corpsman to support that goal.

“With readiness, I shift focus from getting ready to staying ready. That's the type of mindset I believe we as leaders should emphasize when we're talking about readiness. Being proactive with training and exercise what we've learned in our routine will contribute to that readiness mentality. I feel I contribute to that by being an example and ensure those who I lead are up to date with information, attend required training, being active and having the motivation to prepare for tasks outside of our normal day to day responsibilities,” Faletoi said.

When asked to sum up his experience with Navy Medicine in one sentence, Faletoi replied, “Navy Medicine is a great way to give back to those who have served before us and for those who have sacrificed all for the greater good of our country and freedom.”

Hands-on refresher training... Hospital Corpsman 1st Class Jonathan Faletoi had students such as HM1 Maria DeSouza go through vital procedural steps in the Tactical Combat Casualty Care (TCCC) program such as being able to handle primary and secondary patient assessment, administering CPR, shock recognition, spinal stabilization, casualty drag and carry, dealing with airway emergencies, hemorrhage control, chest needle decompression, and applying splinting and pressure dressings. (Official Navy photo by Douglas H Stutz, NHB public affairs).

I am Navy Medicine: Hospital Corpsman 2nd Class Raul Haro, Jr.

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer, in conjunction with 121st Hospital Corps Birthday – "I am Hospital Corpsman 2nd Class Raul Haro, Jr., assigned to Naval Hospital Bremerton's (NHB) Branch Health Clinic Everett."

Haro, from Phoenix, Arizona, and 2014 graduate of Ironwood High School and currently enrolled in American Military University, was recently selected as NHB's Sailor of the Quarter.

Standing in the shadow... Hospital Corpsman 2nd Class Raul Haro, Jr., assigned to Branch Health Clinic Everett stands by the clinic's namesake, Hospital Corpsman 2nd Class David R. Ray, Medal of Honor recipient. Haro, from Phoenix, Arizona, was recently selected as NHB's Sailor of the Quarter for his 'hard work, dedication and superior performance.' (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs)

"Congratulations on your selection and thanks for your hard work, dedication and superior performance," said Capt. Jeffrey Bitterman, NHB commanding officer.

"I was shocked when I found out I was selected for NHB Sailor of the Quarter," said Haro, clinic manager for NHB's Branch Health Clinic Everett.

After attending Navy Hospital Corps school, followed by Dental Assistant school and Field Medical Training Battalion, Haro first Navy assignment was with Combat Logistics Battalion 11 (CLB-11), part of the 1st Marine Logistic Group at Camp Pendleton, Calif.

His time with CLB-11 was rooted in his initial interest of pursuing a career in the Navy, and Navy Medicine in particular.

The opportunity to serve the Marine Corps was what made me interested in Navy Medicine," Haro explained, adding that his most memorable time – so far – has been deploying with the 11th Marine Expeditionary Unit to the Indo-Pacific and Central Command regions to such varied locales as Djibouti on the Horn of Africa to Malaysia in SE Asia.

"The relationship made with my Marines and other Sailors all during that times really formed a tight bond. That was a great experience," Haro recollected, adding that Navy Medicine has taken him "physically to various locations around the world, and mentally prepared me for a long career."

He counts the best part about his career so far is coming across individuals who have inspired him to be better. The most challenging aspect has been taking on new responsibilities. Handling his daily duties and providing support for patient-centered care have him ambitiously working to enhance his career.

"I take pride as a corpsman. Those who came before in our rate established such a high standard that I see my job as really just trying to keep up, and live up, to that tradition," he explained.

The Hospital Corps is the Navy's oldest enlisted corps, and Navy corpsman like Haro serve in scores of environments, from state-side training platform hospitals to fields of battle. They use the most advanced technology and science to support Sailors, Marines and their families. It's no small wonder that Vice Adm. Forrest Faison, Navy surgeon general and chief, Bureau of Medicine and Surgery, has consistently praised their collective efforts in providing care for casualties since Sept. 11, 2001 supporting Operation Enduring Freedom, Operation Iraqi Freedom, Operation Freedom Sentinel, Operation New Dawn, and Operation Inherent Resolve.

"The heroism and capability of our hospital corpsmen on those battlefields is a main reason why we have had an unprecedented 97 percent survival rate caring for our wounded," shared Faison at a visit recently to NHB and Naval Health Clinic Oak Harbor.

Navy Medicine has a renewed emphasis on readiness and will continue to rely on Haro and other hospital corpsman to support that goal.

“By training and preparing my shipmates for operational billets. Also, by helping increase operational dental readiness to ensure the warfighters are ready,” Haro said.

When asked to sum up his experience with Navy Medicine in one sentence, Haro replied, “Although I was skeptical of the journey at first, I am forever grateful for the opportunities I have experienced.”

During Naval Hospital Bremerton's recognition of the Navy's Hospital Corps 121st Birthday, a vivid rendition of Medal of Honor recipient, Hospital Corpsman 3rd Class Robert R. Ingram, Company C, 1st Battalion, 7th Marines, 1st Marine Division, caring for his Marines against elements of a North Vietnam Aggressor (NVA) battalion in Quang Ngai Province, Republic of Vietnam, was demonstrated to those in attendance.

HM3 Stephen Hohner, along with members of Marine Corps Security Forces Battalion Bangor, enacted how 'Doc' Ingram accompanied the point platoon, when, 'suddenly the village tree line exploded with an intense hail of automatic rifle fire from approximately 100 North Vietnamese regulars.

In mere moments, the platoon ranks were decimated. Oblivious to the danger, Ingram crawled across the bullet spattered terrain to reach a downed Marine.

As he administered aid, call for 'corpsman' echoed across the ridge.

He edged across the fire-swept landscape, collecting ammunition from the dead and administering aid to the wounded.

Though severely wounded three times, he rendered aid to those in need. For 15 hours, Ingram pushed, pulled, cajoled, and doctored his Marines.

Enduring the pain from his many wounds and disregarding the probability of his demise, his intrepid actions saved many lives.

By his indomitable fighting spirit, daring initiative, and unfaltering dedication to duty, Ingram reflected great credit upon himself and upheld the highest traditions of the United States Naval Service

(Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).'

I am Navy Medicine: Hospital Corpsman 3rd Class Christopher Chance Finley

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer – "I am Hospital Corpsman 3rd Class Christopher Chance Finley, assigned to Naval Hospital Bremerton (NHB)."

Finley, from Albany, Ga. and a 2014 graduate of Albany Technical College with a degree in Paramedicine, was recently recognized as NHB's Junior Sailor of the Quarter.

"Congratulations on your selection and thanks for your hard work, dedication and superior performance," said Capt. Jeffrey Bitterman, NHB commanding officer.

Finley professed to be taken completely by surprise in being a recipient of such recognition,.

"My initial reaction to winning Junior Sailor of the Quarter was some disbelief and gratitude for the opportunity. It was a very humbling experience," Finley said.

It was approximately a year earlier that Finley began his Navy career in March, 2018, after becoming interested in Navy Medicine while working as a civilian paramedic.

"I sought more knowledge and exposure to medicine with the dream of becoming an emergency room (ER) doctor. The medical director/ER physician I worked under served as an ER doctor in the Navy and gave me insight and inspired me to pursue this goal," said Finley, adding that Navy Medicine has opened a multitude of opportunities to obtain further education, leadership, and a chance to inspire others to pursue their own dreams.

Finley is following his aspirations.

"The most exciting memory with Navy Medicine would have to be when I went on temporary assigned duty to Naval Air Station Whidbey Island with the Search and Rescue medical technicians. I was given the chance to see

their duties and protocols as emergency medicine providers, experience aviation medicine, and even flew in the helicopter while suspended approximately 50 feet outside of the cabin," related Finley.

Finley attests that the best part of his career – up to this point - has been learning under surgeons, having the opportunity to impart his paramedic knowledge/experience to others, and appreciating the leadership at Naval Hospital Bremerton.

"The most fun I've had would definitely be scrubbing in and assisting the surgeons. I am (also) currently in the process of entering the search and rescue medical technician training pipeline as well as completing my bachelor's degree. The end goal is to become an emergency medicine physician," Finley shared.

But for the past few months, Finley was about as far removed from his normal duties and any Navy installation as possible. He was on temporary assigned duty to the Black Hills of South Dakota providing Navy Medicine support for Army National Guard field exercises.

The training was designed to hone field skills in austere surroundings similar to Central Asia and there were several objectives that corpsmen like Finley were entrusted to accomplish during their time assigned there.

"It was a great opportunity and served as an excellent learning experience. Integrating with the Army provided instruction and leadership opportunities as well," related Finley.

Finley was able to expand his medical knowledge by working in an environment similar to what might be experienced in the field as a fleet marine force corpsman or as an independent duty corpsman away from a well-staffed hospital like NHB. He got to work with and see how the Army practices field medicine for future reference if deployed on joint service medical missions and facilities. Some of the field exercises had Finley operating relatively autonomously as well as with a small team. He also worked side-by-side on a daily basis with both junior and senior Army medics and physician assistants to provide needed medical care to any patient in need, as well as receive instruction, guidance and hands-on experience in the joint environment.

Finley was required to attend Tactical Combat Casualty Care (TCCC) prior to JFE. TCCC is a specifically designed challenging course built to help the corpsman think about his or her surroundings, be able to focus under stress, and ensure that the correct medical treatment is provided in a simulated combat environment. Even bolstered with that training, the involvement in JFE was scaled back to concentrate primarily on providing direct medical support.

"A typical day revolved around morning sick call, followed by routine medication distribution and patient evaluation following the meals throughout the day. On certain days I was allowed to instruct candidates on their own personal preventative medical care and even TCCC protocol instruction. The end of the day was evening sick call as well," explained Finley.

During field exercises, the corpsmen split into one or two-person teams to man various medical posts, concerned with any possible signs of heat-stress, injury, fatigue, and illness.

"There were certain evolutions I took part like the nine-mile ruck, five-mile company run, and 12-mile ruck. I once integrated to a small forward operating base, which was a more field-medicine type experience and also performed water-testing/treatment," Finley said.

Whether preparing for deployment to the South Pacific or supporting a field exercise in South Dakota, it was all in a day's work for Finley and the other corpsmen. That collective caring and concern by a corpsman like Finley is a testament to the Navy's surgeon general recent declaration that with a renewed emphasis on readiness, the Navy will continue to rely on them to serve in scores of environments supporting the warfighter by utilizing the most advanced technology and sciences.

"I am contributing to readiness by performing my daily duties to patients and fellow Sailors to the best of my ability. I am serving as an assistant command fitness leader, supply petty officer, work center supervisor, pursuing my bachelor's degree in health sciences, obtaining my board certified flight paramedic, and most of all leading others through any opportunity possible whether they work directly with me or not," said Finley.

When asked to sum up his experience in one sentence, Finley noted that, "Navy Medicine is not for the faint of heart. It is for the person who is willing to give their all and place others before self."

A Degree Above - NHB Sailors recognized at College Graduation Ceremony

By Douglas H Stutz, Naval Hospital Bremerton public affairs officer - When Naval Base Kitsap Navy College Program asked Capt. Thecly Scott, Naval Hospital Bremerton executive officer to be their keynote speaker at their graduation ceremony, little did she realize that approximately 25 percent of those graduating would be from her command.

Such was the case as 23 service members from various commands in the greater Pacific Northwest - including six Sailors from NHB – became college graduates with varied associates, bachelors, and academic certificates on July 25, 2019, at the Navy College Program Graduation Ceremony held at U.S. Naval Undersea Museum Keyport.

“This is such an honor for us to be here to celebrate you journey of academic excellence. You’ve accomplished your goal. It took relentless perseverance to complete your degree on your off duty time. The road was hard. It took dedication to overcome many obstacles to achieve your goal,” said Scott.

A family flair with festive formalities... Hospital Corpsman 2nd Class Donald Irwin is joined by family - in front of and behind the camera - to receive his Bachelor of Science in Environmental Science with an emphasis on Conservation from Southern New Hampshire University at the Navy College Program Graduation Ceremony held at U.S. Naval Undersea Museum Keyport, July 25, 2019. There were 23 service members from various commands in the greater Pacific Northwest - including six Sailors from NHB - who became college graduates with varied associates, bachelors, and academic certificates at the first ceremony since 2016. According to Roseann Cook, Navy College Program Region Adviser, there were 7,910 graduates who completed degrees and academic certificates at all levels since July, 2018 to the present. For Navy College information: https://www.navycollege.navy.mil (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton Public Affairs).

Receiving their degree from NHB were Personnel Specialist 1st Class Sylvia Chemiati with her Associates of Arts in General Studies from University of Maryland Global Campus; Hospital Corpsman 1st Class Benjamin Chapin with his Bachelor of Science, cum laude, in Health Administration from University of Toledo; Hospital Corpsman 2nd Class Donald Irwin with his Bachelor of Science in Environmental Science: Conservation from Southern New

Hampshire University; Hospital Corpsman 3rd Class Brian Romero with his Associates of Science in Health Sciences from Purdue University Global; Hospitalman Travis Klingensmith with his Associates of Science in Health Sciences from Purdue University Global; and recently retired HM1 Shaun Aragon with his Bachelor of Science in Psychology from University of Maryland Global Campus.

Other commands represented were Command Navy Region Northwest, Naval Air Station Whidbey Island, Naval Health Clinic Oak Harbor, Naval Supply Systems Command Fleet Logistics Center Puget Sound, Office of Civilian Human Resources Northwest, Submarine Development Squadron 5, USS Nimitz (CVN 68), Commander Electronic Attack Wing Pacific, and Patrol Squadron One (VP-1).

This ceremony was the first since 2016 after Navy College offices were closed.

The distance learning format, with schools delivering coursework from outlying campuses mainly by computer coursework had graduates from Ashford University, Colorado State University Golden, Columbia Southern University, East Coast Polytechnic Institute, Excelsior College, Grantham, Liberty University, National American, Old Dominion University, Purdue University Global, Rutgers, Southern New Hampshire University, University of Maryland University College, University of New England, University of Toledo, and Villanova.

Being able to attend college-level classes and attain a degree are why Irwin chose to be assigned at NHB.

“Being a college graduate was my number one goal when I picked this duty station. Southern New Hampshire University had the degree I wanted and I could pursue it at any duty station location. I started with them around January 2017, and I finish my last class this August,” said Irwin, adding that there is a feeling of fulfillment having achieved his higher education goal.

“What's gratifying is the feeling of accomplishment. I can now use this degree to pursue the officer side of the Navy and provide a better quality life for my wife and three month old daughter,” said Irwin.

Although most of the course work was manageable with duty and family commitments, there still were times it was an effort to juggle all responsibilities.

“The classes were easy going since I only attended two classes every eight weeks. The work load was just enough. But in the early part of 2019, I had to take chemistry, chemistry lab, and an environmental science class in one term, followed by another term with biology, biology lab, and another environmental class. Three classes per term for two terms was a large work load which ended right when my daughter was born,” Irwin related.

For Chapin, receiving his degree via the Navy College distance learning was one of the reason why he joined the Navy. The distance learning option also allowed him to pursue his choice of undergraduate degree because it was easier to complete moving from one duty station to another.

“I did a permanent change of station (move) twice and deployed once while going to the University of Toledo and was able to complete my degree on time. It took me approximately four years while studying part time to complete the program and seven years total. After all the long hours of studying, I am glad to finally move forward with the next step,” explained Chapin, adding that trying to manage his time between duty, moving, deployment(s) in order keep his good grades up at times was difficult. But all that hard work paid off.

‘For someone interesting in pursuing a degree, just start with one class and move forward from there,” said Chapin. “Sometimes the hardest part in starting in any program is just to make that first step.”

According to Roseann Cook, Navy College Program Region Adviser, there were 7,910 graduates who completed degrees and academic certificates at all levels since July, 2018 to the present.

Although Cook and her co-worker no longer work directly with students, they still find fulfillment in seeing students set up and work a plan towards their graduation goal.

“Seeing them complete a degree brings the most satisfaction. Being able to plan and take part in the upcoming graduation recognition ceremony is the big highlight of our year. There is nothing quite like seeing them in caps and gowns, seeing their smiles and their families around them,” said Cook, adding that any Sailor achieving their degree gives them quite a bit of power in career and education management.

For more information in the Navy College program: https://www.navycollege.navy.mil.

Congrats from the Top... Rear Adm. Paul D. Pearigen, Commander, Navy Medicine West, and Chief of the Navy Medical Corps shares congratulatory remarks with four of six Naval Hospital Bremerton's chief petty officer selectees, Chief Hospital Corpsman (Select) Annel Eustaquio, Chief Hospital Corpsman (Select) Dawn Dillow, Chief Hospital Corpsman (Select) Shawn Stone and Chief Hospital Corpsman (Select) Danny Williams.

"You have demonstrated the history, experience and performance to get you to this place in your career, and this is just the beginning as you build up from being an Navy E-6 to becoming a Navy chief. A big part of your credibility in becoming chief is your performance as a Sailor. It is now your job to help those other Sailors to continue to grow. That's part of the sacred trusty of the Navy Chief's Mess which you are now part. You are all going to excel. Not for yourself, but for your Sailors. We am incredibly proud of all of you," said Pearigen.

Chief Hospital Corpsman (Select) Piotor Junchniewicz is currently forward deployed to Kuwait and Chief Hospital Corpsman (Select) Steven Dreher is a prospective gain to the command (Official Navy photo by Douglas H Stutz, Naval Hospital Bremerton public affairs officer).

NHB employs MAP near and far to recognize Sailors

By Douglas H Stutz, Naval Hospital Bremerton public affairs – It took a MAP to get from Washington's Kitsap Peninsula to Kandahar Province, Afghanistan.

The two locales are separated by 6,900 miles, 11.5 time zones, and one unexpected promotion.

Hospitalman Sara Rockhold, a laboratory technician currently deployed from Naval Hospital Bremerton to NATO Role 3 Multinational Medical Unit at Kandahar Air Field, Afghanistan, received a long-distance announcement by NHB leadership that her commitment and responsibility were indicative of a higher pay grade.

"HN Rockhold, are you demonstrating good leadership skills? People are talking, and we're just not sure if you are performing at the level of an E3. Actually, what I'm hearing about you is that you are performing more like a petty officer. Which is exactly what you shall become as we MAP you to hospital corpsman third class," shared Capt. Shannon J. Johnson, NHB commanding officer,

It took a MAP to get from Washington's Kitsap Peninsula to Kandahar Province, Afghanistan. The two locales are separated by 6,900 miles, 11.5 time zones, and one unexpected promotion. But Capt. Shannon J. Johnson, NHB commanding officer, and Command Master Chief Robert Stockton reached out to Hospitalman Sara Rockhold, a laboratory technician currently deployed from NHB to NATO Role 3 Multinational Medical Unit to inform her of the promotion (Official Navy photo by Douglas H Stutz, NHB public affairs).

Along with Rockhold, there were 12 other NHB Sailors recognized Sept. 3, 2019, as top performers and advanced in rate with the Navy's Fiscal Year 2019 Meritorious Advancement Program.

For Tkeyah Gibson, assigned to Branch Health Clinic Everett, her notification phone call from NHB leadership being advanced from hospital corpsman third class to second class was an astonishing moment.

"I am speechless," exclaimed Gibson, after hearing that she was living up to the expectations of a second class petty officer.

"People have taken notice of your hard work and taking on leadership positions. We feel that you can live up to the responsibilities of the next higher pay grade. Congratulations," said NHB Commander Master Chief Robert Stockton.

MAP authorizes commanding officers to advance eligible enlisted Sailors in paygrades E5 and below to the next higher paygrade. The program gives commanding officers the opportunity to acknowledge those personnel who have demonstrated they are ready for the next level of responsibility by advancing them in rate. The program also grants greater authority to individual commands to better structure their manning levels, and overall helps the Navy by continuing to develop and reward talented Sailors.

Those advanced to their appointment as a first class, second class, or third class petty officer in the United States Navy makes them heir to a long and proud tradition of naval leadership. By accepting the appointment, they are charged with demonstrating those standards of performance, moral courage, and dedication to the Navy and the nation which may serve as an enviable example to their fellow Navy men and women.

Joining Rockhold And Gibson in being MAP advanced were; Joseph Chavez, assigned to NHB's Staff Education and Training, to hospital corpsman first class petty officer; advanced to hospital corpsman second class were Brittany Concepcion also with Staff Education and Training, John Conley of Labor and Delivery, Rommel Fenis of Urgent Care Clinic, and to logistics specialist second class, Juliana Toombe with Material Management. Advanced to hospital corps third class were Daniel Clinkscales assigned to Family Medicine, Claire Enriquez-Lovely, also with Family Medicine, Emma Nolan of Pharmacy, Adan Solan of Branch Health Clinic Bangor, Jasmine Stebbins with Branch Health Clinic Puget Sound Naval Shipyard, and Jesse Turner of Internal Medicine.

"We're building up our team, one Sailor at a time. Sailors like these, who have been recognized for their hard work and strong leadership, make our command better," stated Stockton.

Fathoming social distancing in clinic as well as fitness...

Even though the fitness facility is closed, physical readiness test postponed, and interactive mobility curtailed, six feet is still just a fathom away.

Hospitalman Alexandria Lee, assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton Pediatrics department, is running five miles - which equates to 4,400 fathoms - most mornings to stay active and adhere to the U.S. Centers for Disease Control and Prevention recommendation of social distancing as a protective measure that people can take to protect themselves and those around them to help slow the spread of the coronavirus disease (COVID-19).

"Almost every day since the base gym closed due to COVID-19," said Lee, assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton Pediatrics department.

(Official Navy photo by Douglas H Stutz, NMRTC Bremerton public affairs officer).

Behind the scenes but not the times… Screening, testing, and processing orders for COVID -19 are a major emphasis for the Department of Defense, and NHB/NMRTC Bremerton's Laboratory Department staff members – such as Hospitalman Maggie Strah (above) - are providing crucial support and have a central role in ensuring service members remain healthy and ready. April 19-25, 2020 was designated as Medical Laboratory Professionals Week, with the theme, 'laboratory professionals get results,' which is an apt description of their daily focus to help stop the spread of COVID-19 (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

A Testament to the Testers

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When an entire auditorium of laboratory staff members were asked who participated in recent weekend support to stop the spread of COVID-19 related to operational fleet readiness, every one present raised a hand.

Such is the daily new norm encapsulated during Medical Laboratory Professionals Week. The theme 'laboratory professionals get results' has been apt for Naval Hospital Bremerton (NHB)/Navy Medicine Readiness Training Command (NMRTC) Bremerton Laboratory Department during the novel coronavirus pandemic.

Screening, testing, and processing orders for COVID -19 are a major emphasis for the Department of Defense, and NHB/NMRTC Bremerton's Laboratory Department are providing crucial results and have a central role in ensuring service members remain healthy and ready.

"Our Laboratory team is the best in Navy Medicine. They have been out front on the COVID 19 response, and they have repeatedly surged to meet the expanding mission requirements, while maintaining positive attitudes. Without question, the exceptional efforts and behind-the-scenes work of our team in the laboratory

is essential to the safe, high quality care we strive to deliver," said Capt. Shannon J. Johnson, NHB/NMRTC Bremerton commanding officer.

"They are a cohesive team of unsung heroes in the battle against COVID-19. They have been front and center in our overall effort, becoming experts in all aspects of COVID -19 screening and testing. We are grateful for their commitment to staying current with the research, and guidance from the Centers for Disease Control and Prevention (CDC) and Food and Drug Administration (FDA)," added Johnson.

Johnson acknowledged that Cmdr. Todd Tetreault, Laboratory Department head, has provided an invaluable role by reaching out and developing strong, collaborative partnerships with other hospital laboratory officers and keeping Navy Medicine and command leadership apprised of the most up to date, state of the art practices.

"Cmdr. Tetreault leads an incredibly strong team, and his Laboratory staff members have been instrumental in our critical mission to support our deploying forces. I thank each for their commitment, competence and long hours worked without complaint," Johnson said.

Tetreault clarified that his role leading the command's lab has been 'just administrative in nature.'

"It's really our lab technicians – our enlisted Sailors – who are the reason why we are able to do what we do to support the fleet's surface, subsurface and shore components. Our hospital corpsmen have taken the lead, handled the responsibility, worked long hours and provided expertise all along the way," commented Tetreault.

One such example had the NHB/NMRTC Bremerton Laboratory team, in collaboration with other staff members, come together as a group and process over 3,000 COVID-19 orders in support of a national security mission.

"All our lab staff have been essential and flexible. They demonstrated tremendous agility, a strong sense of mission conviction, and a 'failure is not an option' mindset. Everyone has been competent and ready to serve, with a great attitude," said Johnson.

The Laboratory team for years has been regarded as behind the scenes professionals essential and central to the military health system supporting almost every aspect in healthcare delivery. The Lab collects, processes, and/or ships approximately 750,000 tests each year in support of operational readiness ensuring a ready medical force and a medically ready Fleet and Marine force. The Lab also supports beneficiary healthcare, including seasonal influenza vaccination needs, the Armed Service Blood Program donor operations, and Military Health System referrals.

"NHB's Lab is the hub for all naval laboratory work in the Pacific Northwest! The clinical portion of the lab conducts anatomic and clinical pathology work from our operating rooms, Labor and Delivery Center, Multi-Service Ward, Outpatient Clinics, Urgent Care Clinic, and Dental," explained Tetreault. "NHB's Lab also receives work from Naval Base Kitsap Bangor, Puget Sound Naval Shipyard Occupational Health Clinic, Everett Clinic, and the Naval Health Clinic Oak Harbor. We also work closely with Madigan Army Medical Center."

With April 19-25, 2020 designated as Medical Laboratory Professionals Week, the lab staff were able to vote amongst themselves and recognize their peers on outstanding services they provide. Mr. Tomio Oda was selected as 'Technician of the Year;' Hospitalman Connor Homrighause was honored as 'Best of Troubleshooting;' Hospitalman Oswaldo Encarnacionvilla was chosen as 'Team Player of the Year;' Hospitalman Stephanie Fernandez was picked for 'Outstanding Customer Service;" and Hospital Corpsman 2nd Class Alexis Delapaz was tabbed as 'Mentor of the Year.'

"This last award was presented for dedication to the Navy's Mission, their out of the box thinking, and flexibility, and was presented by all (lab) officers to Hospital Corpsman 3rd Class Sara Rockhold for 'COVID-19 Swab Exercise Organizer,'" noted Tetreault, with Rockhold instrumental in coordinating manpower, logistics, collecting and shipping details for the lab's fleet support.

The Lab is also part of the Armed Services Blood Bank Center - Pacific Northwest. Last year, six blood drives were conducted with 191 units collected, "actively supports regional donation of blood products, prepare and ensure the compatibility of blood products - Red Blood Cells, Cryoprecipitate, Fresh Frozen Plasma, and platelets - used in our operating rooms and labor and delivery," said Tetreault.

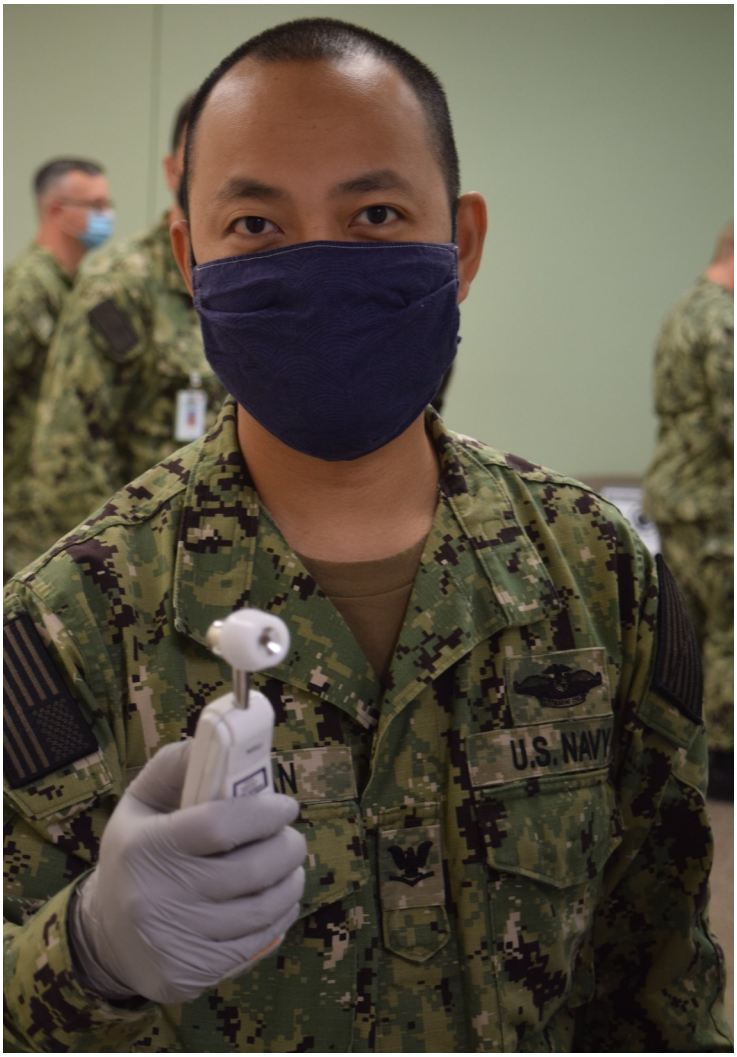
"I would like to express my gratitude for the collective character, competence and compassion of our Laboratory team. They are tested and proven, and will no doubt continue to adapt and overcome in these challenging times," Johnson shared.

SWABEX by Swabbie - Operational Readiness and a Medically Ready Force ensured

By Douglas H Stutz, NMRTC Bremerton public affairs officer -- Swabbie might be older generational slang for a Sailor, but current Navy Medicine swab testing support for the Fleet has been timely, as well as progressive.

Rear Adm. Blake L. Converse, Commander, Submarine Force, U.S. Pacific Fleet, recently contacted Capt. Shannon J. Johnson, Commanding Officer, Navy Medicine Readiness and Training Command (NMRTC) Bremerton, on behalf of his submariners, thanking her command's leadership and Sailors for their support to the Pacific Submarine Force during the COVID-19 pandemic outbreak.

"Through these uncertain times, your team took care of my Sailors in a disciplined yet compassionate manner," wrote Converse. "It is clear that NMRTC Bremerton has every Sailor in their best interest. Your efforts contribute to the submarine force's mission readiness."



Supporting mission readiness has long been a responsibility for the ready medical force of NMRTC Bremerton, ensuring that Navy ship, squadron, shore and submarine personnel are collectively a medically ready force and operationally fit to perform and deploy when called upon.

"I thank all of our staff for their agility, ingenuity and commitment to collaboration over the course of this pandemic. They have continuously learned and seamlessly adapted to new requirements, enabling our vital national security mission to continue unimpeded by COVID-19. I am confident we will continue to meet the challenges ahead, as we drive to translate new research into effective strategies to ensure the readiness of our warfighters, and the health and safety of our patients and one another," commented Johnson.

According to Cmdr. Robert Uniszkiewicz, NHB/NMRTC Bremerton COVID-19 Czar and Public Health Emergency Officer, the effectiveness of the swab testing for the submarine fleet homeported in the Pacific Northwest is a direct extension of the protective measures implemented at all commands to help curtail the spread of COVID-19.

"Testing is not as important as physical distancing, wearing facial coverings and proper hygiene practices. However, with these measures in place, large scale surveillance testing has provided another layer of confidence that our units preparing to deploy are both ready and safe to do so," said Uniszkiewicz.

The swab testing itself is unique simply because having a foreign object inserted into the nasal passage is not a common experience. The hospital corpsman inserts the swab – similar to a longer version of a Q-tip – deep into a person's nose where it is whirled around for several seconds to collect secretion sample necessary for testing.

Taking the sample is just the initial step. Uniszkiewicz noted that NMRTC Bremerton has not been alone in the task of ensuring units are ready to deploy. It's been a team-effort across the board with a number of support layers in place.

“Our testing efforts would not be possible without the collaboration with Madigan Army Medical Center laboratory. Additionally, serviced commands are stepping up by conducting their own contact tracing for which our Preventive Medicine team has conducted training. For large scale testing, it has been a tri-service effort to meet the demands for supply, transport, and tracking in order to preserve (COVID-free) ‘bubbles’ around units before deployment, during deployment, and after deployment when they return,” explained Uniszkiewicz.

Protective measures are not just in place for units heading out haze-gray underway. At NMRTC Bremerton, there are noticeable safeguards added, e.g., waiting room seating has been changed to be six feet apart and areas to stand are also marked six feet apart. Per Department of Defense directive, it is also mandatory for all staff, patients and visitors to wear either a facial covering or mask. Only one visitor is allowed per patient and frequent cleaning of ‘high touch’ areas is now standard procedure, even more so that in the past. Although non-urgent surgeries have resumed and face-to-face encounters have gradually increased, virtual appointments are continuing to be offered. The command Terrace Dining Facility is only serving ‘grab-n-go’ lunches for the foreseeable future.

Screening and testing protocol is also in place for all those eligible for care at NMRTC Bremerton.

“Screening upon entry to the facility is an invaluable mitigation strategy to keep COVID-like illness out of the hospital proper and direct it toward our Urgent Care Center and tents. This, along with universal use of facial coverings, reassures our patients, their families, and our staff that we are dedicated to keeping them as safe as possible within our facilities,” Uniszkiewicz said.

The screening process really begins prior to an appointment as patients are contacted for pre-screening checks. Once a person arrives at the command, there are staff directing traffic flow to guide them. They are directed through the screening process which begins with a series of questions. Depending on the replies, the patient will be directed to either a treatment tent or testing area, or given the ‘green light’ to enter the hospital following the protective measures in place.

Additionally, before entering the hospital or clinic, if a person does not have a facial covering, they will be provided one to wear at all times when in the hospital.

Insight shared... U.S. Army Lt. Gen. Ronald J. Place, Defense Health Agency (DHA) director (above right) and DHA senior enlisted leader, Command Sgt. Maj. Michael Gragg (left) receive a summary from Hospital Corpsman 2nd Class Milo Mata on Branch Health Clinic Everett's drive through pharmacy option.

The outdoor service was implemented during the current on-going pandemic outbreak as a strategy to limit the amount of foot-traffic into the clinic, assist with the overall response to the COVID-19 pandemic by helping to reduce the spread of the virus, as well as better protect the health and well-being of patients and staff.

The drive through pharmacy is not the only option, as there are home delivery (https://militaryrx.express-scripts.com/home-delivery; 1-877-363-1303) and network pharmacy (https://militaryrx.express-scripts.com/find-pharmacy) options also available (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Deckplate leadership to the fore...Hospital Corpsman 1st Class Hannah Carlson explains NHB's Urgent Care Clinic efforts in the command's response to help stop the spread of COVID-19 to the Honorable Thomas McCaffery, Assistant Secretary of Defense for Health Affairs. Carlson's efforts the past months have her highly regarded as the linchpin for UCC, ensuring daily operations run with fail. She's considered the undisputed key player in the successful launch of NHB's drive through screening process, ensuring that all patients were triaged and flow through each process step in a safe manner with minimal contact, reducing the chance of virus spread. Carlson also worked collaboratively with NHB's Facilities department to set up additional outdoor screening tents to minimize the risk of exposure within the hospital and ensured all staff were properly trained on the wear of personal protective equipment. McCaffery, along with U.S. Army Lt. Gen. Ronald J. Place, Defense Health Agency (DHA) director visited NHB July 16, 2020 (Official Navy photo by MC3 Meagan Christoph, NHB/NMRTC Bremerton public affairs).

U.S. Army Lt. Gen. Ronald J. Place, DHA director recognizes Hospital Corpsman 3rd class Anthony Terrell Johnson (left) after being introduced by Senior Chief Hospital Corpsman Romualdo Humarang, Hospital Corpsman 1st Class Claire Stampley records the moment for posterity. Place and the Honorable Thomas McCaffery, Assistant Secretary of Defense for Health Affairs visited NHB July 16, 2020 to observe first-hand the command's commitment to helping stop the spread of COVID-19 protect the health of warfighters – past and present - and their families (Official Navy photo by Douglas H Stutz, NHB/NMRTC public affairs officer).

Hospital Corpsman Pointing the Way

More than just a reflection of directing the way ahead…Hospitalman Tyler Steider guides incoming patients through the drive through screening process in place at NMRTC Bremerton to help stop the spread of COVID-19. Steider efforts, along with the rest of the drive through screening team, represent a daily, dedicated, visual reminder why the command's COVID-19 Working Group has been acknowledged by the DoD Patient Safety Program with a Ready and Resilient Award for their dedication during the CONVID-19 outbreak (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Road MAP...Sept. 2020...

...Road MAP, continued...

Breathe a Sigh of Relief with Respiratory Recommendations from NHB

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – Breathing a sigh of relief really isn't up in smoke.

The current wildfire season is casting a smoky pale across much of the Puget Sound region, making the air quality unhealthy and potentially contributing to a host of associated health risks that mirror COVID-19 symptoms.

Many Pacific Northwest residents - like the rest of the country - have had respiratory and cardiovascular system ailments due to the ongoing pandemic outbreak for much of the year. There have been 77,545 cases and 1,953 fatalities as of Sept. 4, 2020, in Washington State alone due to COVID-19, with 1,064 cases and 10 deaths in Kitsap County.

As Naval Hospital Bremerton staff continue efforts to help stop the spread of COVID-19, there is awareness that prevailing winds have pushed wildfire smoke over populated areas which can cause coughing, wheezing, and difficulty breathing, along with aggravating other normal functions.

"Staff and patients should do their best to avoid prolonged exposure to the smoke due to the fact that it can irritate the eyes, nose, throat and lungs," said Hospital Corpsman 1st Class (Fleet Marine Force qualified) Omar Garcia-Argueta, Internal Medicine & Specialty Clinics.

State and country health advisory alerts on diminished air quality have been posted and shared to alert local populations, with NHB also taking a lead to assess those in need.

"The smoke can exasperate any existing underlying condition," said Cmdr. Robert Uniszkiewicz, NHB/NMRTC Bremerton COVID-19 czar and public health emergency officer, acknowledging that there are similarities between COVID-19 and wildfire smoke. Both can wreak havoc on a person's respiratory and immune systems.

The Washington State Emergency Management Division indicate those sensitive to wildfire smoke exposure include people with heart and lung disease, existing respiratory infection(s), diabetes, stroke survivor(s), infants, children, pregnant women, and people over 65 years of age.

If that list sounds the same as those most at risk from COVID-19, it's because it is.

Blowing no smoke…Respiratory therapists like Hospital Corpsman 1st Class (Fleet Marine Force qualified) Omar Garcia-Argueta, assigned to NHB/NMRTC Bremerton Internal Medicine & Specialty Clinics continue to provide a variety of services to treat, evaluate and educate patients, everything from the 'ABCs' of Asthma, bronchitis and COPD (chronic obstructive pulmonary disease) to helping stop the spread of COVID-19. Respiratory therapy services have been in demand during the pandemic outbreak due to their ventilator expertise, including deploying on the hospital ship USNS Mercy (T-AH 19) to provide crucial assistance for those in need. Some of the services and support offered at Naval Hospital Bremerton include pulmonology function testing such as basic spirometry, lung diffusion and volumes Methacholine Challenge testing (test to rule out Asthma) and unattended sleep studies, along with coordinating breathing therapy with Continuous Positive Airway Pressure (CPAP), a common treatment for obstructive sleep apnea (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

“Patients and staff who will most likely be impacted the most are those who have been diagnosed with cardio-respiratory diseases such as asthma, COPD (chronic obstructive pulmonary disease), pulmonary fibrosis or heart disease,” said Garcia-Argueta. “Asthma and COPD patients, in particular, should ensure that they are taking their maintenance medications as prescribed by their providers. Smoke may also impact pregnant women, the elderly population, and children. These patients and staff members should consult with their healthcare providers regarding specific precautions. According to the American Thoracic Society, inhaling smoke can cause inflammation of the airways and can make one more vulnerable to lung infections, such as COVID-19.”

“We realize that not everything is COVID-19 related, such as someone dealing with allergies, hay fever and the flu. But there are definitely those who are more vulnerable than others,” Uniszkiewicz added.

One effective strategy employed at NHB to ensure patients’ health care needs continue to be met during the pandemic is the Drive-Through Screening and Triage process, which follows Centers for Disease Control and Prevention (CDC) criteria.

Everyone—staff, patient, or visitor—who arrives on base goes through the same procedure. This is a best practice across the military health system and in the civilian network.

The drive-through is a safe and efficient way to effectively assess patients on their current health and wellness.

Is it COVID-19 or wildfire smoke?

Some of what the COVID-19 screening process determines is if a person in the previous 24 hours has had such symptoms as fever, cough (not allergy related), sore throat, shortness of breath/difficulty breathing, and/or loss of smell or taste.

Wildfire smoke is capable of producing harmful health effects from minor symptoms such as eye, nose, and throat irritation or headaches, to more severe conditions like shortness of breath, dry cough, throat soreness, chest tightness, asthma attacks, and worsening existing chronic conditions.

NHB advocates that anyone experiencing these symptoms should seek medical attention. They should also continue to follow CDC guidelines for stopping the spread of COVID-19, such as, staying at least a fathom - 6 feet or 2 arms' length - from others; Washing hands often and disinfecting frequently touched surfaces at home; Avoiding touch your eyes, nose or mouth; and Covering coughs and sneezes with your elbow or tissue.

Garcia-Argueta attests that the best recourse for avoiding wildfire smoke is to stay indoors.

“In order to prevent prolonged exposure to the wildfire smoke, one should plan to stay indoors and have both their windows and doors closed. Patients and staff members should also avoid engaging in strenuous physical activity outside and should refrain from smoking,” Garcia-Argueta said.

If there’s a need to head out into the great outdoors, a face mask should be worn if around others.

“Our recommendation is to still wear cloth face coverings. There are going to be those who think the smoke is causing them to have trouble breathing with the air quality like it is, but they’re more susceptible to particles in the air due to being exposed to wildfire smoke,” explained Uniszkiewicz.

Garcia-Argueta also advocates American Thoracic Society basic steps for everyone to follow to stay safe, avoid smoke exposure and protect their lungs: stay indoors as much as possible; reduce strenuous activity; reduce other sources of indoor air pollution like vacuuming and frying meat; use central air conditioners or heater to filter the air; when traveling in a vehicle, keep the windows closed, run the air conditioner and set air to recirculate to reduce smoke.

Hot, dry conditions are in the forecast. Fire danger is high. The pandemic outbreak is also projected to keep lingering. Serious health effects are expected for some.

To breathe a sigh of relief, patients and staff should continue to heed the advice from NHB to help them clear the air around them.

Remembering 9/11 - the Fateful Day 19 years ago

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When the opportunity came up to put together a commemoration for 9/11, Hospital Corpsman 2nd Class Morgan Chaney immediately knew it was a worthwhile idea.

"Due to COVID-19, we really didn't have any plans. It felt weird not to do something," said Chaney, a Boise, Idaho native, who worked on putting together a video dedicated to those lost and those who had their lives changed due to that fateful day of 9/11.

Along with Chaney's effort, throughout the morning of Sept. 11, 2020, Naval Hospital Bremerton (NHB) staff members paid tribute in a variety of ways.

After morning colors under a smoke-filled, orange-tinged sky due to the ongoing wildfire season, timely pronouncements shared exactly at 8:15 a.m., 8:45 a.m., 9:03 a.m., 9:45 a.m. and 10:10 a.m. were disseminated command-wide in remembrance of the terrorist attack that took place 19 years ago.

"Today marks the 19th anniversary of the attacks of 9/11. [That day] 19 militants associated with the Islamic extremist group Al Qaeda hijacked four airplanes and carried out suicide attacks against targets in the United States. Two of the planes were flown into the twin towers of the World Trade Center in New York City, a third plane hit the Pentagon just outside Washington D.C., and the fourth place crashed in a field near Shanksville, Pa. Almost 3,000 people were killed. This is to remember those who we have lost and those who paid the ultimate sacrifice. We will never forget," said NHB Command Master Chief Robert Stockton.

There were also multiple historical static displays on the quarterdeck to remember the events of that day arranged by various command associations such as the Nurses Association, First Class Petty Officers Association, Second Class Petty Officer Association, Junior Enlisted Association, Coalition of Sailors Against Destructive Decisions/ Recreation Activities Committee and Sailors Against Sexual Harassment and Assault.

Senior Chief Culinary Specialist Kevin Flatley was a second class petty officer assigned to the ballistic-missile submarine USS Alabama (SSBN 731) back on Sept. 11, 2001, just cleaning up after that morning's breakfast. His boat had just returned to port from patrol the night before.

The Long Island, New York, native shared his memories of that time to Chaney for his dedication video.

"We started to get the initial reports that something had gone wrong in New York. The reports kept coming in – two planes, both buildings on fire," recollected Flatley. "I remember very distinctly someone coming in around 9:30 a.m. and said one of the buildings had collapsed. I didn't believe them. Looked at them and said that couldn't possibly have happened. Then we started to receive emergency action messages which is something common at sea but not in port. That was when I started to realize this was very serious. Captain showed up and announced to make preparations to get underway. We did the fastest startup ever and we were gone an hour later."

Hospital Corpsman 1st Class Jesus Albarran gave the command wide announcement, "At 8:45 a.m., on a clear Tuesday morning, an American Airline Boeing 767, Flight 11, loaded with 20,000 gallons of jet fuel crashed near the 80th floor of the north tower of the World Trade Center in New York City."

Eighteen minutes later, Hospital Corpsman 2nd Class Sean McKenna provided another command-wide announcement, "At 9:03 a.m., the second Boeing 767, United Airlines Flight 175 appeared out of the sky, turned sharply toward the World Trade Center and sliced into the south tower near the 60th floor. The collision caused a massive explosion that showered burning debris over surrounding buildings and onto the streets below. It became clear that America was under attack."

Flatley attests there was bewilderment trying to determine just what was taking place not just that morning but for

several days afterwards.

“What followed was a confusing three days,” noted Flatley. “Very little info, didn’t understand the full scope of things, wasn’t sure if we were going to come home, launch our payload, but was proud of our crew. Thinking back, getting our entire crew back and underway in a few hours, no one ran home scared, this was until then a peacetime Navy. But everything changed that day.”

Hospital Corpsman 3rd Class Megan Schnell announced to the command, “at 9:45 a.m., as millions watched the events unfolding in New York, American Airlines Flight 77 circled over downtown Washington D.C., before crashing into the west side of the Pentagon.”

Capt. Shannon J. Johnson, NHB/NMRTC Bremerton commanding officer, followed precisely at 10:10 a.m. and shared to her command, “On September 11, 2001, United Flight 93, California-bound, was hijacked after leaving Newark Liberty International Airport, New Jersey. The passengers fought the four hijackers and the plane flipped over and sped towards the ground crashing near Shanksville, Pa.”

“Together, let’s recommit to remembering and honoring the lives that might have been and keep faith with the innocent who perished on September 11,” continued Johnson. “Though evil visited us on a cloudless Tuesday morning, courage and strength answered amid the fire and smoke in New York City, over a Pennsylvania meadow and across our Pentagon. We remember the bravery and sacrifice of those who fell here in America, and then on far-flung battlefields. We salute the soldiers, sailors, airmen, Marines, and Coast Guardsmen who have served and sacrificed in the global war on terror that ensued, and we honor those who have given their last full measure of devotion, declaring proudly that Americans do not scare. We remember all that is good, all that is virtuous, and all that is noble about those we have lost. Let us never forget and always be ready.

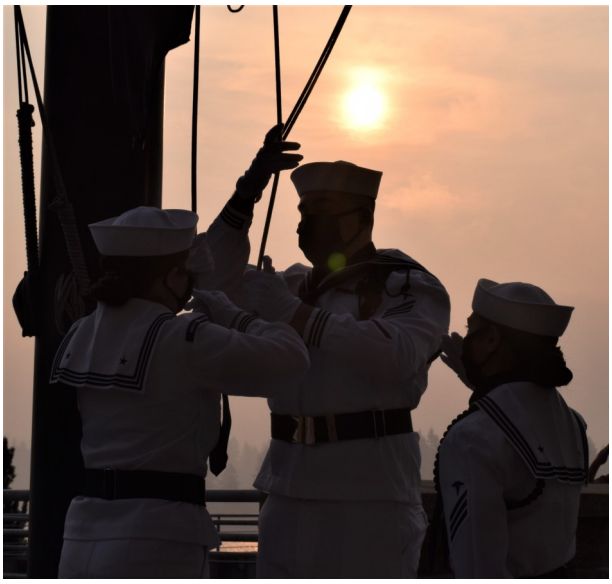
Chaney was in the seventh grade in 2001, sitting in a history class at the time of the attacks. His memory of that time also recalls listening to a radio show several days afterwards featuring a children segment on how there were those who lost a parent or parents during the attacks.

“That was so impactful. It left a lasting impression on me,” Chaney said.

The lingering follow-up of 9/11 also influenced Chaney after he joined the Navy. His initial duty station was in Afghanistan directly supporting Operation Enduring Freedom. He found himself as a young hospital corpsman in the volatile eastern part of the war-torn land.

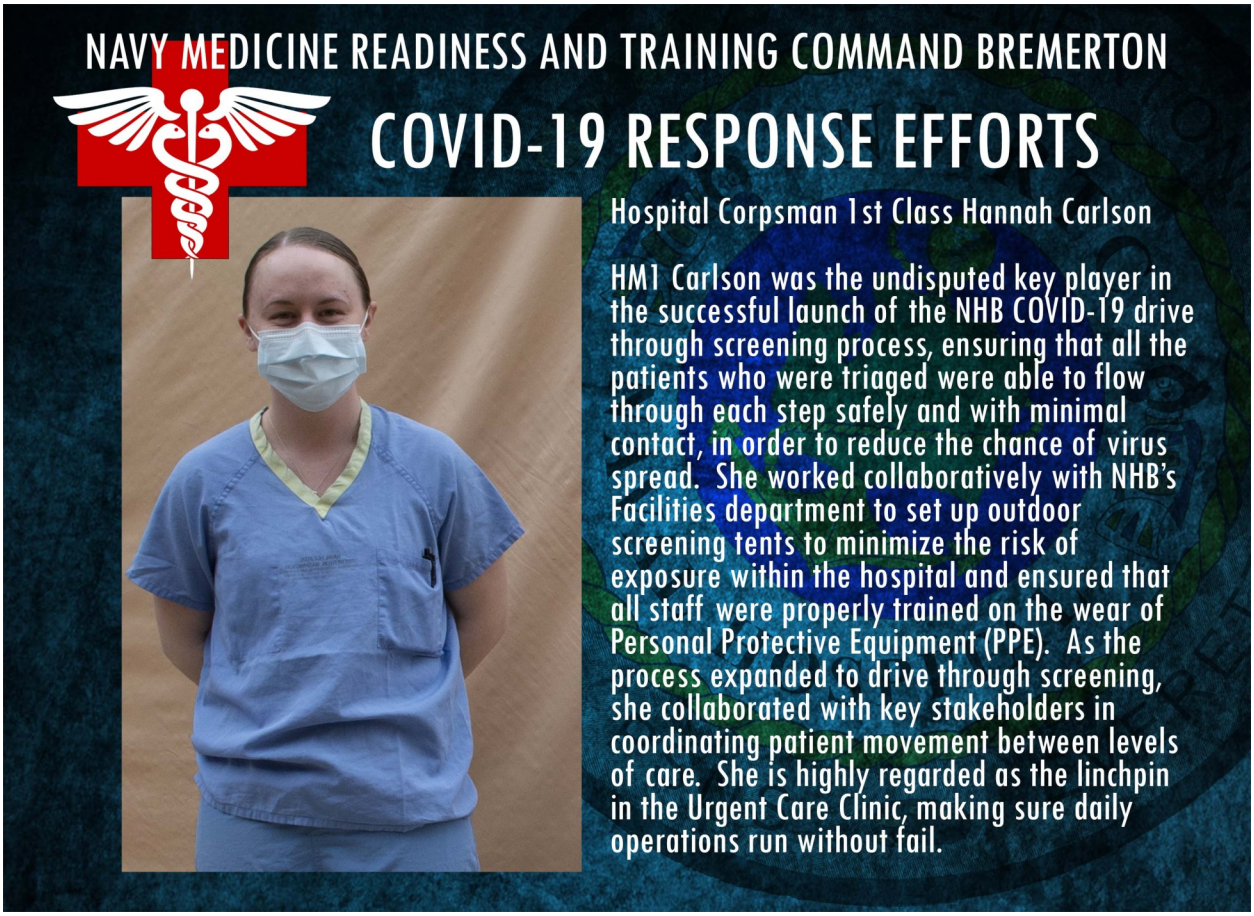
“I was at patrol bases and stood up forward operating bases in the area where I was,” Chaney said.

A far cry from his home town of Boise, his memories of 9/11 from the 7th grade, yet not from those lost on that fateful day, nor the lives changed of an entire nation from that moment on.



'Unsung Hero' department*...In NHB's COVID-19 response efforts, Hospital Corpsman 1st Class Hannah Carlson was the undisputed key player in the successful launch of the command drive through screening process, ensuring all patients triaged were able to flow through each step safely and with minimal contact, in order to reduce the risk of virus spread.*

Along with being the highly regarded linchpin of the Urgent Care Clinic making sure daily operations run without fail, she also collaborated with key stakeholders in coordinating patient movements between levels of care, along with assisting to set up the screening tents to minimize the risk of exposure within the hospital and confirming all staff were properly trained wearing personal protective equipment (Official Navy photo y Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer).


NAVY MEDICINE READINESS AND TRAINING COMMAND BREMERTON
COVID-19 RESPONSE EFFORTS
Hospital Corpsman 1st Class Hannah Carlson
HM1 Carlson was the undisputed key player in the successful launch of the NHB COVID-19 drive through screening process, ensuring that all the patients who were triaged were able to flow through each step safely and with minimal contact, in order to reduce the chance of virus spread. She worked collaboratively with NHB's Facilities department to set up outdoor screening tents to minimize the risk of exposure within the hospital and ensured that all staff were properly trained on the wear of Personal Protective Equipment (PPE). As the process expanded to drive through screening, she collaborated with key stakeholders in coordinating patient movement between levels of care. She is highly regarded as the linchpin in the Urgent Care Clinic, making sure daily operations run without fail.

Initial COVID 19 Vaccine rollout at NHB/NMRTC Bremerton

Hospitalman Cierrajaye Santella, assigned to Naval Hospital Bremerton/Navy Medicine Readiness and Training Command (NMRTC) Bremerton Preventive Medicine Department, prepares a Moderna COVID-19 vaccine for the command's initial vaccination efforts, Dec. 23, 2020. NMRTC Bremerton initially received a limited quantity of COVID-19 vaccines for frontline healthcare personnel and emergency support services the day before and is following the Department of Defense's (DoD) phased, standardized, and coordinated approach to administering COVID-19 vaccines. The strategy was developed in collaboration with Operation Warp Speed, the Centers for Disease Control and Prevention (CDC), and the DOD's COVID Task Force assessment of unique mission requirements. NMRTC Bremerton leadership, in conjunction with DoD health officials and CDC guidance, continue to stress the need to wear appropriate face coverings, practice physical distancing, wash hands, and follow local and installation force health protection guidelines until a large proportion of the population is vaccinated and the vaccine is proven to provide long-term protection. Global and national public health authorities are expected to recommend that these steps continue for everyone until the pandemic risk of COVID-19 is substantially reduced (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

A stickler for protecting providers… Hospitalman Cierrajaye Santella, assigned to Naval Hospital Bremerton/ Navy Medicine Readiness and Training Command (NMRTC) Bremerton Preventive Medicine Department, provides the first Moderna COVID-19 vaccine to Lt. Cmdr. Paul Flood, staff family physician at the command's initial vaccination efforts, Dec. 23, 2020. NMRTC Bremerton initially received a limited quantity of COVID-19 vaccines for frontline healthcare personnel and emergency support services the day before and is following the Department of Defense's (DoD) phased, standardized, and coordinated approach to administering COVID-19 vaccines. The strategy was developed in collaboration with Operation Warp Speed, the Centers for Disease Control and Prevention (CDC), and the DOD's COVID Task Force assessment of unique mission requirements. NMRTC Bremerton leadership, in conjunction with DoD health officials and CDC guidance, continue to stress the need to wear appropriate face coverings, practice physical distancing, wash hands, and follow local and installation force health protection guidelines until a large proportion of the population is vaccinated and the vaccine is proven to provide long-term protection. Global and national public health authorities are expected to recommend that these steps continue for everyone until the pandemic risk of COVID-19 is substantially reduced (Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer).

Making it stick…HM3 Stephen Hohner administers the COVID-19 vaccine to Lt. Cmdr. Douglas Steffy, staff physician, Dec. 29, 2020, at NMRTC Bremerton. Initial doses of the vaccine were given to frontline health care workers such as Steffy, along with other first responders, including emergency medical services personnel, security forces, and other essential personnel. An initial shipment of the Moderna COVID-19 vaccine arrived at NMRTC Bremerton on Dec. 22, 2020, with vaccinations starting the day after. In conjunction with the CDC, the DoD distribution plan for administering the vaccine at military medical treatment facilities like NMRTC Bremerton is for prioritizing via a phased approach to vaccinate all active duty and reserve components, TRICARE Prime and TRICARE Select beneficiaries, and select DoD civilians and contract personnel authorized to receive immunizations from DoD (Official Navy photo by D.H. Stutz, NHB/NMRTC Bremerton public affairs).

A stickler for emergency services…Hospital Corpsman 2nd Class Brittany Vain provides the Moderna COVID-19 vaccine to a Federal Fire Emergency Services member Dec. 29, 2020, at NMRTC Bremerton, after ensuring the exact dosage of the vaccine was prepared. Vain, along with the command's preventive medicine technicians and others, administered initial doses of the vaccine to frontline health care workers, along with other first responders, emergency medical services personnel, security forces, and other essential workers (Official Navy photo).

Anchored in shot delivery… Terry Lerma, Navy Medicine Readiness and Training Command (NMRTC) Bremerton emergency preparedness manager and retired senior chief hospital corpsman, receives the COVID-19 vaccine, Dec. 29, 2020 as part of the initial vaccination process (Official Navy photo)

The Day After, March 20, 1969

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — On the morning of March 20, in the year 1969, Hospital Corpsman Tommy Vickers, stationed in Quang Nam Province, Vietnam, was looking for his friend and fellow corpsman after Viet Cong had run over their positions at An Hoa.

Vickers and others were had toiled through the previous long day and longer night and were still at it that day helping to treat and care for mass casualties.

As choppers landed – ferrying supplies in, taking wounded out – Vickers could not locate his friend.

He began asking Marines from the outfit his pal was assigned if they knew where he might be.

“Everyone said he had been hit, but no one knew how badly. Then this one kid told me what happened. I couldn’t work. All I could do was sit and stare,” Vickers penned in a letter back to the parents of his friend.

Gone was Hospital Corpsman 2nd Class David R. Ray, killed in action on that fateful day, March 19, 1969.

Vickers wrote, “They - the Viet Cong - ran over An Hoa. This is the story I got from a Marine that Ray patched up, ‘They started when one got through the wire and pulled a satchel charge under a hutch. When it went off everyone ran outside. They started mowing them down as they ran out. Bob got hit but was still treating wounded when he was hit the second time.’

‘The Marine said Bob knew his job and was doing it. He said that the enemy was all over them, plus rockets and mortars as thick as flies.’”

Their unit, while defending their fire base at Liberty Bridge, Phu Loc 6, near An Hoa Combat Base, came under

intense hostile fire during the early morning hours by an estimated battalion-sized (approx. 1,000) enemy force. The initial burst of enemy fire caused numerous casualties among the Marines.

Ray, Vickers and the others were tasked to protect Liberty Bridge, a strategic supply artery across the Thu Bon River connecting An Hoa to Da Nang. The bridge was a high value target for the Viet Cong and destroyed then rebuilt throughout the war. It was attacked again on that morning.

Undaunted by the intense hostile fire, Ray moved from emplacement to emplacement, rendering emergency medical treatment to the wounded.

Although seriously wounded while administering first aid to a Marine casualty, he refused medical aid and continued his lifesaving efforts. Ray was forced to battle two enemy soldiers who attacked his position, killing one and wounding the other.

Even though he was rapidly losing strength because of his severe wounds, Ray still managed to move through the hail of enemy fire to other casualties.

Once again, he came under intense fire and despite grave personal danger and insurmountable odds, succeeded in treating wounded Marines and holding off the enemy until he ran out of ammunition, at which time he sustained fatal wounds.

His final act of heroism was to protect the Marine he was treating. He threw himself upon the wounded patient, thus saving the man's life when an enemy grenade exploded nearby. In addition to Ray, ten Marines died in the battle.

His body was returned to the United States and was buried in Mountain View Cemetery McMinnville, Tennessee.

He was awarded the Medal of Honor posthumously.

Ray was born February 14, 1945, to David F. and Donnie M. Ray of McMinnville, Tennessee. After high school and three years of college, he voluntarily enlisted in the U.S. Navy on March 28, 1966. His first assignment was aboard Naval Hospital ship USS Haven. From haze gray he went to the green side requesting a tour of duty with the Marines. He joined Battery D, 2nd Battalion, 11th Marine Regiment, 1st Marine Division, in the Republic of Vietnam in May 1968.

The legacy namesake of Navy Medicine Readiness Training Unit Everett…Gone But Never Forgotten.

I am Navy Medicine, - Radiologic Technologist—HM1 (FMF/SW) Gregory DeShields, Jr.

(Nov. 9, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – For those who might have wondered how vital radiologic technologists are to patient care and healthcare safety, Hospital Corpsman 1st Class Gregory DeShields Jr. has a ready reply.

"Very important. We are the first line of defense for physicians, nurses, patients, and health care providers. The images that we produce can be the difference between identifying a correct pathology or a misdiagnosis. We must demonstrate patience, knowledge of our jobs and a high degree of attention-to-detail," explained Deshields, currently assigned to Naval Hospital Bremerton Radiology Department.

"Patients are our passion, safety is our priority" is the theme for National Radiologic Technologist Week being held November 11-15, 2023, and echoes the sentiment of Deshields for his chosen career path.

"Radiology is a field that I am passionate about. The diversity and tremendous amount of opportunity the field provides are two factors that attracted me the most," explained Deshields, from Woodbridge, Virginia and a Gar-Field Senior High School 2004 alumnus as well as a Purdue University Global 2021 graduate with a Bachelor of Science in Nutrition. "Also, to be very honest as well, having this skillset pays very well on the outside, especially if you transcend to a modality such as CT [computed tomography], MRI [magnetic resonance imaging] and intravenous radiology. The field of radiology offers a variety of opportunities."

Deshields, with his nearly 14 years of Navy service, and the rest of NHB's Radiology Department staff provide medical imaging services using such modalities as computed tomography, diagnostic radiography, mammography/breast imaging, magnetic resonance imaging, nuclear medicine, radiation health and ultrasound.

They support the majority of the hospital, specifically the Urgent Care Center, Main Operating Rooms, Orthopedics, and branch health clinics located on Naval Base Kitsap Bangor and Puget Sound Naval Shipyard.

The workload for Radiology Department can be measured by compiled statistics from the previous year.

There were 19,130 total diagnostic exams conducted in 2022, which included [all number approximate] 9,800 x-rays, 1,015 diagnostic CT exams, 115 cone beam CT scans, 1,640 mammograms, 1,450 MRI, 1,812 ultrasounds, 908 x-rays for Navy Medicine Readiness Training Unit Bangor, 1,250 x-rays for NMRTC Bremerton Puget Sound Naval Shipyard detachment x-rays and another 1,140 x-rays were handled at NMRTU Everett x-rays.

Yet perhaps the most challenging aspect for DeShields and other radiologic technologists is simply staying up to date on the ever changing complexities and advances in their chosen field.

"Having to consistently stay on track with the information [can be difficult]. Not only is the information diverse and intricate, but we have to be privy to all of the advances in technology, in addition to staying homed in our craft," said DeShields, also noting that there is a sense of achievement in handling all the responsibilities associated with his position.

"Despite challenges we may face, we know that we contribute to our patient's health, wellness and well-being. That is gratifying to me. In addition, I feel accomplished as a radiologic technologist because this field reminds me of the hard work, dedication and desire it took to develop the craft. To be successful in this field, you must work hard and have humility," stated DeShields, adding that there aren't really any normal, typical work shifts.

“In this field, there is not an average day,” continued DeShields. “The days are unknown and fluctuate, especially with patient volume. If I’m not performing my duties as a rad tech, I’m doing my best to contribute to the command as positively as I can.”

DeShields has a host of collateral duties that he somehow manages to squeeze in, such as command Sexual Assault Prevention and Response lead victim advocate, Navy ShipShape program facilitator, and Coalition of Sailors Against Destructive Decisions mentor.

He is also willing to find the time to share with other Sailors because he ardently believes they should consider becoming a radiologic technologist.

“This field not only offers an abundance of opportunity and growth, but once a corpsman is out of the military, they have a proven skillset that they are able to sustain their lifestyle plus more. In addition, the income is lucrative and worth the investment,” said DeShields, who has already provided guidance to more than a few Sailors in helping them succeed.

It’s the time spent in being a mentor and leader for other Sailors which has been a highlight of his time in the Navy.

“The best part of my career has been witnessing former Sailors under my charges prospering in the military and as civilians. I’ve enjoyed the opportunity to provide mentorship as well as the amount of networking I’ve been able to accomplish as well,” said DeShields.

DeShields interest in a career with Navy Medicine initially began in 2008 after conversing with a Navy recruiter in Atlanta.

“Between attending college and pursuing aspirations to be a musician was not panning out. I wanted better for myself,” related DeShields, from the metro D.C. area with a passion for music which led him in Atlanta, and a few other locales.

“The opportunity was there for travel, expand my network and enhance my knowledge within the medical field. Prior to the military, I worked a variety of jobs, moved a lot and had to always adapt to new situations. I was that person who was never afraid to attempt new things and take calculated risks to better my future.”

Navy Medicine has taken DeShields to a scattering of duty stations stateside in Maryland, Virginia, California, Texas, Hawaii, and Washington, as well as overseas on Diego Garcia (British Indian Ocean Territory) and deployments to Jordan, Djibouti, Hong Kong, United Arab Emirates and Japan.

When asked to sum up his experience with Navy Medicine, DeShields replied, “expect the unexpected and prepare today as best you can for tomorrow is unknown.”

I Am Navy Medicine and Radiologic Technologist HM1 (SW/FMF) Challis Miles

(Nov. 11, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Ever since he was eight years old, Hospital Corpsman 1st Class Challis Miles knew he was destined to be part of the nation’s military.

“When September 11 happened it pretty much cemented my decision to join. I went to the recruiting office after high school graduation and signed up as a corpsman,” said Miles. “I had done my homework. I made sure the recruiters gave me Field Medical Service School in my contract, now referred to as Field Medical Training Battalion, so that I could go with the Marines.”

The Taylorsville, Utah native and Taylorsville High School 2007 graduate has also added specialty training as a radiologic technologist. He has traveled the globe providing crucial diagnostic imaging and therapeutic support to assist physicians in determining suspected illnesses or conditions.

In conjunction with National Radiologic Technologist Week November 5-11, 2023, and the theme “patients are our passion, safety is our priority,” Miles shared personal insight on his 16-year Navy career and specific ‘rad tech’ specialty training.

“I was interested in x-ray school when I was a junior Sailor because I had worked with a hospital corpsman third class at the Naval Academy and he told me about how much he liked his job and how good the pay was on the civilian side,” said Miles, currently assigned as leading petty officer of Naval Hospital Bremerton Radiology Department.

NHB’s Radiology Department provides medical imaging services using such modalities as computed tomography, diagnostic radiography/fluoroscopic imaging, mammography/breast imaging, magnetic resonance imaging, nuclear medicine, radiation health and ultrasound.

The department supports to the majority of the hospital, including the Urgent Care Center, Main Operating Rooms, Orthopedics, and branch health clinics located on Naval Base Kitsap Bangor and Puget Sound Naval Shipyard.

“Medical Imaging is incredibly important. We have a direct impact on patient care as we are the ones who most often interact with our patients during the examinations,” Miles stated.

The total volume for 2022 by Radiology Department helps to illustrate by sheer numbers the amount of service they provide. There were 19,130 total diagnostic exams conducted just last year alone, which included [all number approximate] 9,800 x-rays, 1,015 diagnostic CT exams, 115 cone beam CT scans, 1,640 mammograms, 1,450 MRI, 1,812 ultrasounds, 908 x-rays for Navy Medicine Readiness Training Unit Bangor, 1,250 x-rays for NMRTC Bremerton Puget Sound Naval Shipyard detachment x-rays and another 1,140 x-rays were handled at NMRTU Everett x-rays.

“We are also entrusted by our radiologists and radiation health officers to ensure we are using radiation responsibly,” continued Miles. “There are a lot of bones in the human body. Each one has a minimum of two x-rays needed. We have to know everything about how to position our patients because getting something wrong during the exam can make a sick person look healthy or a healthy person look sick.”

Miles’ tenure in the Navy has taken him far afield and across the open seas from his original roots. He’s been to 40 states, journeyed to Iraq, Afghanistan, Kuwait, Kyrgyzstan, Germany, France, Crete and Rhodes in Greece, Jordan, Oman, Estonia, the Netherlands, Norway and Iceland. Yet the best part of his Navy journey to date is centered on his time as a mentor for young Sailors in preparing them for their fleet assignments.

“I have been an instructor for rad techs and it’s always rewarding when a prior student reaches out to tell me they got their civilian licensing done. It makes me proud to have contributed to their career future and makes me think back to the instructors who taught me. It’s kind of a living legacy,” shared Miles, who strong advocates for other Sailors to consider his chosen specialty as a career choice.

“Being a radiologic technologist is a really rewarding career. If you like thinking on your feet, puzzles or solving problems, it’s probably something you would enjoy. Being a rad tech provides an excellent career opportunity for when you retire or separate. It gives you a foot in the door to work in other higher paying modalities such as computerized tomography, magnetic resonance imaging, mammography and ultrasound.”

When asked to sum up his experience in Navy Medicine in one sentence, Miles replied, “I would quote the stoic philosopher Seneca, “We should give as we would receive; cheerfully, quickly, and without hesitation.””

I am Navy Medicine—Chief Hospital Corpsman Cristi Bussard—of NMRTC Bremerton

(Sept. 9, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Cristi A. H. Bussard had waited.

All through her time – and travels – from the Far East, Arabian Gulf, both coasts of Africa, the Mediterranean, Pacific Partnerships and Southern Partnership as an independent duty corpsman.

Yet her approximately 21 years on active duty were drawing to a close. She was already preparing for retirement.

Those plans are now officially postponed.

"I had waited many years to hear my name on the list but had begun to prepare for retirement. It was a very surreal moment when the group came to my office to tell me the news. I was truly overwhelmed and speechless from the news," said Bussard, born in Martin, South Dakota and raised in Corvallis, Montana with her parents and four sisters.

"After the executive officer, command master chief, director of administration and all the Chief's Mess came to notify me," continued Bussard. "The first person I called was my husband, Torpedoman's Mate 1st Class Brandon Bussard [also selected for chief petty officer] and then my long standing mentor, retired Master Chief Hospital Corpsman Jeffery Dell.

For Bussard, her selection is a culmination of her years in the Navy after graduating in 2001 from Hamilton High School, located in Montana's Bitterroot Valley.

"Becoming a chief petty officer means an extended reach of impact to further lead and mentor Sailors. It is important to always work on spreading our knowledge and lessons learned to better prepare those to come after us," noted Bussard, adding that there is also a sense of gratification on making the grade.

"After being told by so many that it would not happen, or I couldn't do it, it is great to work to prove them wrong," Bussard stated.

Her career in the Navy began during her final year of high school. Navy Medicine looked intriguing because of her love of science and the prospect to be able to care for those in need.

"My interest in medicine stemmed from volunteer work I did while visiting retirement and long-term care facilities in my hometown. It was further spurred when I became an emergency medical technician at my first command in Atsugi, Japan providing base ambulance services," Bussard said.

It was during her tour of duty after Branch Health Clinic Atsugi when assigned to guided missile destroyer USS Preble (DDG 88) she decided to become an Independent Duty Corpsman.

After being stationed at the Marine Corps Recruit Depot, San Diego, she attended Surface Independent Duty Corpsman in 2008 and graduated the next year. That time was pivotal for her personally as well as professionally.

"I met my husband who was at that time stationed aboard the [attack submarine Los Angeles-class] USS San Francisco [SSN 711]," she said.

As a surface independent duty corpsman, she was then assigned to the pre-commissioning crew of the amphibious transport dock ship USS San Diego (LPD 22), while also deploying aboard USS New Orleans (LPD 18).

Co-locating in 2013 with her husband to the Bremerton area had her stationed at Puget Sound Naval Shipyard, followed by the nuclear aircraft carrier USS Nimitz (CVN 68) before her current duty at NHB.

Her work in the Urgent Care Clinic wasn't so much put on hold as it was put on the road as an Individual Augmentee – and senior medical department representative - during a recent deployment on the expeditionary fast-transport USNS Trenton (T-EPF 5) as part of U.S. Sixth Fleet conducting operations in U.S. Naval Forces Africa area of operations.

Her IDC skills were put to the test when a Military Sealift Command civil service mariner sustained an injury which required immediate medical attention. Her expert handiwork caring for the injured crewmember prompted an appreciative correspondence note from the injured crewmember's wife, a retired Navy captain, to command leadership.

Bussard has been assigned to Family Medicine Clinic since her return and is about to become the resident focal point in helping to provide health care to all patients. There's a reason the phrase, 'go ask the chief,' has been bandied about throughout the fleet since 1893.

"I will do my best to always live by the Navy Core Values and continue to improve myself by continuing to develop those around me to empower us as a team," stated Bussard.

When asked to sum up her experience in Navy Medicine, Bussard replied, "Navy Medicine continues to strive for excellence in providing care by training, teamwork and prevention."

I Am Navy Medicine – and Chief Hospital Corpsman Weldekiros Aregawi – of NMRTC Bremerton

(Sept. 23, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Weldekiros Aregawi has reached a point during his Navy career where the notion of service before self is even more pronounced than it was before.

Such reasoning is born from a Navy Medicine career of 19 and a half years which has always been predicated on helping deliver healthcare to those in need.

"At this stage of my career, I'm not here for myself. I'm here to help junior Sailors and the operational mission," said Aregawi, who professes he specifically joined the Navy to become a hospital corpsman and take care of patients.

Consider that original goal accomplished and then some.

Along with his specialty training as a respiratory therapy technician, Aregawi has branched out to include such collateral duties as being part of the command's financial specialist and command resilience team(s). Yet all of those responsibilities – and more - came to a sudden, unexpected halt the morning of August 21, 2023 upon hearing he was selected to become a chief petty officer.

"I was waiting for seven years to hear my name on the list. It was a surreal experience. I am grateful to be selected," related Aregawi. "The executive officer, command master chief, director of administration and all the Chief's Mess walked into my office to notify me. After waiting for so long arriving this moment is heartwarming experience."

Aregawi readily acknowledges that advancing to the rank of chief brings an entire different level of accountability.

“It is a huge responsibility. Chief in the Navy is a subject matter expert and a humble servant,” stated Aregawi, acknowledging that his life will go through a number of overlapping changes once he becomes a chief. **“**Everything I do affects all the Chief’s Mess,” stated Aregawi, who opening credits two leading chief petty officers, Senior Chiefs Hospital Corpsmen Romualdo Humarang and Alexander Burkhart for helping groom him to follow in their footsteps. “Being a genuine human being, committed to always doing the right thing and be humble are what I strive to do.”

The expectations for Aregawi and three other hospital corpsman first class petty officers assigned to NHB/NMRTC Bremerton loom large. There’s a reason why a common phrase heard throughout the Navy Fleet I, ‘go ask the chief.’ Chiefs are subject matter experts, chiefs have operational readiness experience and chiefs are demonstratively the personification of Navy core values of ‘honor, courage and commitment.’

“It is going to be challenging. I will continue to read and learn from everyone I work with and work for,” said Aregawi, born in Ethiopia before moving to St. Paul, Minnesota in Dec 2002. He is married “married to my beautiful wife Asteddar and we have two children, Adonay and Tsiyon. He joined the Navy in April 2004.

After joining the Navy in 2004, his duty stations include Camp Pendleton, Fleet Surgical Team One, Naval Medical Center San Diego, and NMRTC Bremerton with deployments in 2005 to Iraq and 2011 and 2017 to Afghanistan and two in the Indo-Pacific theater of operation.

The best part of his career leading up to this point?

“Meeting people from different corners of the world, trying local cuisines and visiting many tourist attraction sights,” he said, listing a who’s who of notable global travel destinations he has visited all as part of Navy Medicine; Guam; Sydney, Perth and Darwin, Australia; Dubai in the United Arab Emirates; Bahrain, Jordan, Thailand, Singapore; Santiago, Chile; Lima, Peru and Rio de Janeiro, Brazil.

When asked to sum up his experience with Navy Medicine in one sentence, Aregawi replied, “working together, we are one team.”

I Am Navy Medicine – and Chief Hospital Corpsman Joseph Paul Domingo Nededog - of NMRTC Bremerton

(Sept. 29, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

Truth to tell, Joseph Paul Domingo Nededog had begun a quirky routine over the last few years specifically related to the annual notice on those selected to advance as a U.S. Navy chief petty officer.

He figured taking a few days off to be with family would provide at least some measurable distance between himself and the expected release date of the official announcement. If he wasn’t chosen, being with family was ideal therapy to get over the letdown.

This year, his time at home got interrupted.

In the best way imaginable.

“I couldn’t believe it, it felt surreal. After

many tries, year after year, my mind was more focused on 'what's next' after the military. I didn't drop my pack, but I strongly felt I was seeing the end of my ruck march. Hearing I was selected in front of my family, especially my wife Sabrina, are feelings I will never forget. I wasn't sure if I was happy, excited, sad, or just hungry…But I definitely felt relieved, and so did my family," said Nededog, who was born in Honolulu and raised in Hawaii, Guam, Virginia, and Florida.

Although from a family with strong U.S. military heritage and a lineage of veterans, Nededog initially had no interest, or intention, of joining the military.

Then came September 11, 2001.

"I was a sophomore in high school, at football practice when it all happened. My father was at the Pentagon during the attacks. We didn't hear from him nor his whereabouts for a couple days. Seeing our country come together afterwards and more of my peers graduating to serve had a huge impact on the trajectory of the next 19 years of my life immediately post high school," explained Nededog, who attended Woodbridge Senior High School, Virginia, 2000 to 2002 and graduated from Pearl City High School, Hawaii in 2004.

After receiving the news on being selected for the rank of Navy chief petty officer, he immediately informed his mother and father.

"I called my parents first because they have supported me since day one. The feelings I could hear in my mother and father's voice over the phone set me on another type of feeling I haven't shared before…It was a great feeling," Nededog said.

Well before his selection moment happened, his choice of becoming a hospital corpsman - the Navy's largest and most decorated rating – almost didn't happen.

"Initially, I had every intention of becoming a United States Marine. I wanted to be a machine gunner and was on the 'delayed entry' program for the USMC. Last minute at the Military Entrance Processing Station, I decided to join the Navy as a hospital corpsman once I discovered I could still serve with the USMC and obtain experiences more applicable to other professions outside of the military," said Nededog.

After finishing Hospital Corps school in late 2004 and Field Medical Training Battalion (Field Medical Service School), Camp Lejeune, North Carolina in 2005, he was attached to 1st Battalion, 3rd Marine Division, Marine Corps Base Kaneohe Bay, Hawaii, "The day after graduating from FMTB," remembered Nededog, serving in Bravo [boats) and Weapons company.

Subsequent duty assignments – including two deployments downrange to Afghanistan and once into Iraq - followed at Quantico, Virginia as field leading petty officer at the John Bradley Branch Clinic serving the Officer Candidate School; Medical Education and Training Campus, Fort Sam Houston, Texas for Biomedical Equipment Technician training; U.S. Naval Hospital Yokosuka, Japan; amphibious assault ship USS Wasp, (LHD-1); Naval Medical Center Portsmouth, Virginia; Naval Hospital Jacksonville, Florida; back to Kaneohe Bay, Hawaii but this time with 3rd Dental Battalion, 21st Dental Company before his current assignment at NHB.

As gratifying as it is to advance to the rank of chief, Nededog insists it will still be business as usual.
"Becoming a U.S. Navy chief petty officer means many things to me. I owe this promotion to many and it's time to pay up. Every rank promotion is a result of hard work, commitment, dedication, loyalty, sacrifice, and passion for the job. The journey in becoming a better version of myself is ongoing," remarked Nededog, noting that there is a challenge which comes with being selected.

"Since hearing the news, I daily revisit that moment I found out," Nededog said. "Being at the top of my game is imperative day in and day out. Learning doesn't end."

"I am ready for this. Within the past decade, I've had some great mentors and leaders who have been preparing me for this," he continued. "There are many I am still thanking; God, family, family friends, friends, junior Sailors, peers, leaders, and the Chief's Mess."

With approximately 19 years – and counting - of military experience serving in Navy Medicine, Nededog contends those accumulated years have prepared him to live up to the well-worn phrase heard throughout the fleet, "go ask the chief."

“Either I know the answer, or I don’t. If I don’t, I’m sure my brothers and sisters will, or we will find an answer quick. There is nothing we cannot accomplish together. Best believe I will be learning more,” said Nededog, adding that the best part about his career is seeing Sailors become better and accomplish what they set out to do.

“Especially those that I’ve helped,” he noted. “And knowing I would give my life for them in battle, and they wouldn’t hesitate to do the same.”

When asked to sum up his experience with Navy Medicine in one sentence, Nededog replied, “Thank you, Navy Medicine, for the continued experiences of love, support, challenges, heritage, and inclusion.”

I Am Navy Medicine – and Chief Hospital Corpsman Don P. Wilwayco – of NMRTC Bremerton

(Sept. 29, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- *With the announcement that four Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2024, we asked each to reflect on their designation.*

For Chief Hospital Corpsman Don P. Wilwayco, receiving the news he had been chosen proved to be a flabbergasted moment.

Which he immediately shared with his wife.

“I immediately called my wife Sooyun,” related Wilwayco. “It felt so surreal that she had to remind me of what I said to her in our phone conversation, because I really could not believe the news that I got selected.”

There were personal emotions and professional sentiments to sift through as his selection became a reality.

“I had flashbacks of the people, moments, and experiences that got me here. I did not accomplish this alone. I thank God, family, Sailors, mentors, as well as those who believed in me during those times that I don’t even believe myself. I did not get here alone. I have multiple mentors and leaders who have positively influenced my life and I want to be that person to the Sailors that I lead,” said Wilwayco.

Wilwayco began his career in Navy Medicine approximately 11 and a half years ago. He’s originally from Manila, Philippines, graduated from University of Santo Tomas Manila [high school] in 2007, but calls San Diego, California home.

His journey started March 28, 2012, after deciding to become a hospital corpsman. He attended the Navy’s Hospital Corpsman “A” School at Navy Medicine Training Support Center, Joint Base San Antonio – Fort Sam Houston and pursued the Navy enlisted classification of becoming a surgical technologist.

Wilwayco considers his interest in becoming part of Navy Medicine an extension of his upbringing as well as a practical decision.

“I was already in my third year of college in the Philippines pursuing Nutrition and Dietetics when I immigrated to the United States in October of 2010,” Wilwayco noted. “Since I did not finish my college degree – although he is working on his Bachelor’s Degree in Organizational Leadership from National University - it was very difficult to find a job in the medical field. The best way to show gratitude to the country who accepted me was to join the military and serve.”

It is very common in Filipino families to aspire that their child become a nurse,” continued Wilwayco. “I initially wanted to be a Marine, but USMC recruiters told me that they do not have occupations specifically geared towards

medicine. However, they mentioned that the Navy works hand-in-hand with the Marine Corps, so I decided to join as hospital corpsman."

True to that initial description of the support which hospital corpsman provide as a ready medical force to help ensure the Marines are a medically ready force, Wilwayco has achieved enlisted Fleet Marine Force warfare qualifications based upon successfully attaining challenging physical fitness, medical care knowledge and treatment skill when assigned under the command of 3rd Marine Logistics Group, Camp Foster, Okinawa, Japan. That time also further whet his appreciation for the responsibilities of being a Navy chief.

"When I was stationed in 3rd Medical Battalion, being the S-3 Operations Future Operations chief was one of the most rewarding positions that I was able to do. I really enjoyed planning and coordinating the efforts to ensure that Marines have the capabilities and medical assets they need for deployment," said Wilwayco adding that his time at NMRTC Bremerton has had him fill leading petty officer roles in Directorate for Surgical Services and Directorate for Administration.

"Surgical Services was the dream position for a surgical technologist like me," Wilwayco said. "I really liked seeing the growth of Sailors professionally as they perfect their craft in delivering surgical and specialty services to our beneficiaries in the Pacific Northwest."

Those days of being the LPO are gone for Wilwayco and the three others. They will also experience a name change like no other. Hence forth he will forever be referred to as, 'chief.' With that new forename comes much heightened expectations, both internally as well as externally.
"A Chief to me is someone who advocates for his Sailors. A chief is the person that they can lean on, will listen to their concerns and rely on to accomplish the mission. It's about helping Sailors to reach their full potential both personally and professionally," related Wilwayco, acknowledging that being selected was the easy part.

The hard part follows. One he has fully embraced.

"The main challenge of being selected is the weight of the anchors. There is so much to learn as well as various behaviors and habits that either need to be changed or refined. Because at the end of the day, Sailors will be depending on me to guide them with their decisions," explained Wilwayco.

When asked to sum up his experience with Navy Medicine, Wilwayco replied, "I thank everyone for helping me grow as a person, as a leader, and help develop my craft and skill sets to help other people succeed. The best part of my career are seeing others succeed and also knowing that we are making an positive impact in each other's lives."

I Am Navy Medicine – Hospital Corpsman 2nd Class Ashley E. Painter, NHB Lab Tech

(Sept. 20, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The majority of patients who come to Naval Hospital Bremerton for their healthcare needs never meet Hospital Corpsman 2nd Class Ashley E. Painter.

Yet she gets to know quite a few of them.

The LaPorte, Colorado native is a Navy medical laboratory technician. She capably handles – all done behind the scenes - her primary duties of providing accurate and expedited lab results for active duty, retiree and family member eligible beneficiaries in the Pacific Northwest region.

"Doctors would not be able to accurately identify what ailments the patients have without the exact answers the laboratory provides," said Painter, who has been in her chosen field for six and a half year. "The lab tests we perform here do everything from confirming no genetic abnormities of unborn babies to cancer. Without our knowledge and expertise, they would just be guessing."

There are approximately 440 laboratory studies done daily at NHB. Last year alone, the core lab conducted such 435,750 tests for such needs as hematology, urinalysis, coagulation, blood bank, point of care testing, microbiology and/or cytology/histology.

Painter attests that it can definitely be challenging at times in her duties.

“One of the most difficult parts about being a lab tech is the gravity of the tests we are performing,” Painter explained. “To us we don’t just receive samples. We see every sample as a patient, and we treat it with the upmost care.”

Along with ensuring timely turn around on all results of tests submitted to the laboratory, Painter’s responsibility also include maintenance, quality control and accounting of over $2.1 million of equipment, reagents and supplies.

She has worked two specialty assignments in blood bank and microbiology as an advanced laboratory technician, held multiple work center supervisor positions and subject matter expert lead technician positions across her several duty stations. Her varied - and daily - lab duties are all predicated in helping provide healthcare to those in need.

“Knowing that we are helping people get the answers and the care that they need is gratifying,” noted Painter. “When I worked in the blood bank, we were issuing units to newborn and premature babies and were literally saving their lives. There’s nothing more gratifying than that.”

It took her a little time to find her niche after graduating from Poudre High School in 2015. After two years at Colorado State University, Painter was driven to serve her country and help care for patients.

“I grew up in a small town and didn’t have much going on. When I turned 20, I knew I wanted to do something bigger with my life and decided to join the service and be a part of something much bigger than myself,” Painter said.

Her career has also been personally fulfilling as much as professionally rewarding.

“I met my husband Will who is active duty Army at my first duty station in San Antonio,” said Painter. “We have now been together for six years and have two beautiful boys.”

From her initial appointment at Navy Medicine Training Support Center, Joint Base San Antonio – Fort Sam Houston, Painter has been stationed at Naval Medical Center San Diego and Naval Medical Center Portsmouth before her current assignment at NHB.

She also deployed in 2019 on the hospital ship USNS Comfort (T-AH 20) from Norfolk, Virginia, to 13 countries in South America, Central America and the Caribbean in support of humanitarian assistance and partner-building efforts.

“One of my favorite experiences was getting to deploy on the Continuing Promise mission,” Painter related. “We stopped in 13 different countries and offered medical aid out in towns and would bring people back to the ship to be treated in the intensive care unit and preform surgeries. We were able to touch so many people’s lives. It was a really cool experience.”

Another more recent cool experience was Painter advancing to her current rank as a second class petty officer, with credit going to her strong work ethic and service before self-ethos.

“In my early years in the Navy I took on many collateral duties, offered to go on deployments and have maintained my motivation and drive throughout. Without taking on those extra responsibilities my promotion would not be possible. It is very hard to pick up rank in the corpsman community. It takes being an expert at not just your job but being able to juggle multiple collaterals and extra duties,” explained Painter.

Some of the additional tasks as well as deployment have provided the opportunity to work in a joint service environment with other service branches. That type of setting is commonplace being both an Army and Navy family at home.

“Army-Navy game day is always a tense day in our house,” remarked Painter. “My husband is always a good sport and has supported my Navy career from the beginning.”

“He does however call me a ‘squid,’” she good-naturedly added.

From serving on the Atlantic and Pacific coasts to deployment memories and a loving family, Painter has branched out well beyond her formative years.

“Being able to sacrifice and serve has been such an important part of my life. I wouldn’t trade it for anything. Just being a part of something so much bigger than yourself is really eye opening,” stressed Painter.

When asked to sum up her experience with Navy Medicine in one sentence, Painter replied, “I am proud to serve my country, my community, and my peers.”

I am Navy Medicine—and U.S. Naturalized Citizen—Hospitalman Hannah Acker

(Sept. 1, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer—Although not outwardly apparent, Navy Hospitalman Hannah Acker departed Seattle Seafair Fleet Week 2023 decidedly different than the way she arrived.

Acker, originally from Bad Ord, Germany, a small community of approximately 10,000 residents tucked away about an hour east of Frankfurt, took the oath of allegiance at the annual event to become a U.S. citizen during a Naturalization Ceremony, August 2, 2023.

“I actually started the whole process in July of 2022,” said Acker. “I had my interview end of January of 2023. I had my test the same day. They were going to schedule me for an oath ceremony in Texas. But since I was graduating from the [14 weeks] Hospital Corps ‘A’ school at Navy Medicine Training Support Center, Joint Base San Antonio, it was decided to wait until I had checked into my current command, Navy Medicine Readiness Training Command Bremerton.”

Acker had all her paperwork transferred with her, conferred with Navy Region Legal Service Office Northwest and decided on taking the oath with 20 other members from the Army, Air Force, Navy and Washington National Guard during the Seattle Seafair Fleet Week.

The naturalization ceremony was a combined effort with Navy RLSO NW collaborating with the U.S. Citizenship and Immigration Services Seattle field office.

“Being able to become a U.S. citizen when serving in the U.S. Navy means a lot to me,” explained Acker. “After I decided to do it, becoming a U.S. citizen became part of joining the Navy. As soon as I was in bootcamp, I started the paperwork process.”

Acker attests that the most challenging part for her was not knowing how far along her application was or when she would finally get my citizenship.

“Since I just graduated high school last year the studying wasn’t challenging for me since I already had to take history, said Acker, who attended Miami Valley Career Technology Center in Clayton, Ohio, in 2022. She began learning the English language in the third grade. “The big thing was I had to keep track of all my documents and where I was at in the naturalization process.”

Acker was assigned as a general duty corpsman in the command’s Urgent Care Clinic after arriving five months ago. Along with her clinical duties ranging from taking vital signs to helping triage patients, she continued to prepare for becoming a U.S. citizen.
“Being part of Navy Medicine as a hospital corpsman lets me give back to the country that adopted me,” stated Acker.

“Working in the UCC has been really rewarding in the few months I’ve been here,” Acker added. “The doctors, nurses and other corpsmen share a lot of information and give a lot of guidance. There’s more structure here and getting used to everything has been an ongoing learning experience.”

When asked what’s the best part about her Navy career been so far, Acker replied, “Meeting new people and learning more about the medical field.”

When asked what being a U.S. citizen means, Acker answered, “This will give me more opportunities. Also, it made my mom proud.”

A Star Added at NMRTU Everett

(May 30, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — The uniform that Roland Alferos arrived wearing at Navy Medicine Readiness Training Unit Everett was significantly altered by the time he departed that day.

Alferos was the sole chief petty officer selected to advance to the rank of senior chief hospital corpsman at Navy Medicine Readiness Training Command Bremerton in a frocking ceremony held with family in front of command leadership, co-workers and friends in the David R. Ray Health Center, May 30, 2023.

“I’ve had great leaders, great mentors and great Sailors. I have been very fortunate and wouldn’t be here without them. All the credit goes to them. It is a privilege to be here,” said newly frocked Senior Chief Hospital Corpsman Alferos, with 21 years of naval service which includes assignments on both side of the Pacific from San Diego, California to Okinawa, Japan.

Pinning on Alferos’ new senior chief petty officer insignia – which features a single star above a fouled anchor with USN lettering for the collar device - was his wife, Christine, son Roland Jr., and daughter Athena. After NMRTC Bremerton Command Master Chief Brandon May placed the new khaki combination cap upon Alferos, a round of congratulatory applause filled the clinic’s conference room.

Yet the ceremony wasn’t completed.

In his initial act as Senior Chief Hospital Corpsman Roland Alferos, he called forth Hospital Corpsmen 2nd Class James Cooper and Kevin Juico and presented each of them his chief anchors, indicating his faith in each to ‘anchor up,’ by continuing to be responsible, dependable and put service before self for those in need.

The Navy’s senior chief petty officer rank is equivalent to the Marine Corps’ master sergeant and first sergeant, the Air Force’s senior master sergeant and first sergeant and the Army’s master sergeant and first sergeant.

The new rank also brought a new name change for Alferos. He’s no longer referred to as ‘chief.’ He’ll now be known – to officer, enlisted and civil service alike - as ‘senior chief.’

Or just ‘senior.’

Corpsman Curriculum Day For Cadets

(March 10, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton pubic affairs officer — The daily norm of class, cafeteria and curriculum of approximately 50 students from Peninsula and Gig Harbor high schools was altered, March 10, 2023.

They instead were provided a face-to-face chance to see care, competence and corpsmen in action at Navy Medicine Readiness Training Command Bremerton.

Navy Junior Reserve Officers Training Corps student cadets, led by retired Navy Command Master Chief Robert Stockton, were provided in-depth instruction on Tactical Combat Casualty Care, and operational medicine.

“Giving them this opportunity to visit a Navy Medicine command is the best way to gather information for themselves, see for themselves and ask questions for themselves about potential career fields on interest,” explained Stockton. “There is tremendous value alone to just coming here for most of our students, especially those who have not actually been in such an environment as a Navy command or talked to a Sailor about what they do.”

The visiting students took part in a career fair which showcased Navy hospital corpsman specialty skills and career options such as surgical technician, preventive medicine technician, optician, and more.

Remembering A Navy Legacy during the Tet Offensive

(Jan. 31, 2023) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – He wasn't a Navy doc, nor nurse, or hospital corpsman.

Yet on the field of battle, his concern for others saved many a life.

Long before retired Chief Boatswain Mate Jerry Irvine was delivering salty quips when receiving medical care at Naval Hospital Bremerton, the grizzled veteran was providing his own type of health care during a bitterly contested combat campaign.

It was 55 years ago, January 31, 1968, when the Tet Offensive was launched by the North Vietnamese Army as a coordinated invasion of the south.

Irvine was smack in the midst of the offensive which would drag on until September, from major cities to rural hamlets, river valleys to shallow waterways, rutted roadways to pitted tarmac.

He was mentioned prominently in numerous dispatches, such as on February 25, 1968, 'where as a courageous chief petty officer with much combat experience, during the first attack in Tet Mau Than, he advanced under enemy fire, conducted patrol boat river operations, directed precision fire destroying the North Vietnamese regular forces in the south bank of the Perfume River, raised the siege for friendly forces at Con Dau near Hue, effectively providing protection to the vital supply ships going to Hue, which contributed substantially to the reoccupation of the city. Irvine and his PBR team were also responsible for helping to ferry military and civilian casualties out of the immediate lines of fire. For this he was awarded the Gallantry Cross (Vietnam),' read the dispatch.

Boats, as he was affectionately called by all who knew him at NHB, attests that his team was in so many fire fights that they simply became a normal part of the day. They would go back to their floating barge base for 'beans and bullets' and then head back out. There were times on a routine three-day patrol that they would be so fatigued, that they didn't care, they just up and did their jobs.

A few months later on May 30, 1968, a 15-man Marine Corps combined action platoon was in ambush position with popular forces around the hostile village of Thon An Duong. The CAP reported being surrounded by enemy forces and taking personnel casualties from hostile fire.

Six PBRs, led by Irvine and two other chiefs, sped to the rescue. Despite coming under enemy fire, they evacuated all of the Marines and South Vietnamese troops without any further casualties. Because of his expert handling of his units, his courage under fire, and expert direction of his unit's fire within 50 feet of friendly positions, the massacre of the entire CAP unit was prevented.

While serving as a PBR patrol officer and boat captain in the Navy's River Patrol Force, he participated in 215 combat patrols on the island waterways of the Mekong Delta and I Corps. His patrols involved the boarding and searching of indigenous craft, enforcement of the curfew, assisting Popular Force Outposts under enemy attack, aiding friendly forces in search and destroy operations and medical evacuation (MEDEVAC) of numerous wounded personnel.

His patrols also played a vital role in securing a landing zone for MEDEVAC and resupply helicopters in the besieged city of Hue during the 1968 Tet Offensive. His patrols were instrumental in maintaining the flow of supply craft to and from the city of Hue throughout the month of February and greatly enhanced the defeat of the NVA and Viet Cong forces in that city.

On March 27 and 28, Irvine's patrol participated in the destruction of an entire NVA company which had moved

into Toan Tuan Hoa Village on the banks of the Perfume River.

The Bronze Star, with Combat "V" for valor, was awarded to Irvine for meritorious achievement in connection with operations involving conflict with an opposing foreign force while serving in the Republic of Vietnam, from September 20, 1967, to September 18, 1968.

"BMC Jerry Irvine was the epitome of an American hero, amazing chief petty officer and gentle soul. He gave more to this country than anyone I've seen during my time. His commitment to the Marines he saved are noted in his bronze star citation and what he did in combat," said retired Master Chief Hospital Corpsman Tom Countryman.

Irvine ended up doing three tours in Vietnam, serving on nine ships, including being assigned to River Section 523 in the Mekong River Delta, and with River Section 521 near the ancient Vietnam capital of Hue.

By the end of that first day of the Tet Offensive, more Americans were killed in action – 246 – than on any other day during the Vietnam War. For the entire offensive, the NVA and Viet Cong sustained huge casualties with losses were estimated anywhere from 40,000 to 60,000. Civilian losses in the fighting were reported at over 7,700.

Irvine became an unofficial adopted son of NHB, volunteering ample time and effort such as holding classes on what he considered to be the dying art of nautical knot work. When deployment waves of active duty were departing and returning home in support of Operation Enduring Freedom and Operation Iraqi Freedom, he was there. Retirements. Notable Navy anniversaries, he was present, even when it became difficult.

With his health failing, Irvine passed away, March 26, 2017, at age 82.

"We say we stand on the shoulders of American heroes who came before us. I was honored to stand on his shoulders and be in his presence. He was the kind of American hero who only comes along once in a lifetime," Countryman said.

"This country lost a true American hero and patriot. He loved his family, this country, the Navy and his fellow chiefs. He was a great friend and shipmate," added Casey Pruett, NHB Suitability Screening and Exceptional Family Member Program coordinator.

I am Navy Medicine—and a Family Affair—at Naval Hospital Bremerton

(Nov. 16, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Diane Hebert couldn't make it when her son, Hospital Corpsman 3rd Class Joshua Hebert, was being recognized as Navy Medicine Readiness Training Command Bremerton's Junior Sailor of the Quarter.

Not because she was like many parents who are several time zones or states away from their children serving on active duty.

It was due to her own responsibility as an occupational health technician with NMRTC Bremerton Puget Sound Naval Shipyard Detachment.

Rare is family each assigned to the same command.

Rarer still is a mother-and-son connection.

"I think it's awesome that we had this opportunity to be in the same command. Most Navy parents don't get to experience that," exclaimed Diane.

Although it's completely happenstance that both are assigned to the same command, there is a symbiotic foundation based on their collective interest in a Navy Medicine career which led them both in their current respective positions.

"I always had a passion for wanting to help people. Being a Navy corpsman seemed like the best way I could do that," explained Joshua, born in Minot, North Dakota, grew up in Panama City, Florida and is an A. Crawford Mosley High School 2016 graduate. "My Navy career started during my senior year. I decided that I wanted to get out of my hometown and see more of what is out there. "

For Diane, the Lompoc, California native and Cabrillo High School 1984 grad has been in the medical field for 27 years.

"I've worked in the intensive care unit, cardiac intensive care unit, emergency room, cardio vascular surgeon

office and inpatient rehab. I wanted to work for the federal government, so what better way than Navy Medicine," said Diane, who started at her current position, March, 2021. "I've been in the medical field for a very long time. It boils down to I like to help people."

Joshua has been a physical therapy technician for the last three years and is now the leading petty officer for the command's Physical Therapy department.

His previous assignments include working in optometry and as a general duty corpsman helping in the prevention and treatment of injury and disease at the Marine Corps Medical Homeport, Branch Medical Clinic Evans, Okinawa, Japan.

As a PT tech in helping Sailors, Marines, retirees and family members recover from injuries and maintain their physical health and well-being, he helped provide direct support to over 8,950 patients last year in physical therapy, along with approximately 1,885 patients in occupational therapy.

Diane had already been living in the area when Joshua arrived at his new duty station and although technically at the same command, Diane plies her trade on the massive Puget Sound Naval Shipyard, away from the hospital.

As an occupational health tech, Diane works in such areas as counseling shipyard workers on workplace hazards to supporting industrial hygiene efforts - overall to more than 30,000 workers at 126 commands with 480 different shops - to anticipate, recognize, and evaluate occupational stressors in order to advise commands on methods to prevent and reduce workplace injuries and illnesses.

"I was really excited for her and her new job," Joshua said.

The commonality of purpose for the same command lent an added note of fulfillment for both.

"I was excited that we could have this in common and be able to chat about the differences between our facilities and just chat together about work," said Diane.

When co-workers find out that the two are related, all comments express positive feedback at the distinctiveness of having a family in their midst.

"They think it's cool that Josh and I are in the same command," Diane said. "It is kind of unique because it doesn't happen often."

Joshua affirms that he gets the "oh, that must be cool working with your mon!" comments from other staff members and notes that being able to compare work stories with his mom is a plus.

Both attest that the best part of their positions is being able to provide care to those in need.

"Being part of this command means being part of an organization dedicated to helping others," remarked Joshua.

"It's very nice being a part of the clinic at PSNS. It feels like I make a difference every day," noted Diane.

When both were asked to sum up their experience in one sentence, Diane replied, "I feel like I'm playing a role in keeping our civilians and active duty in compliance with their qualification(s) in order to serve our country and Navy."

"My experience has been an eye-opener, full of lessons I will never forget," added Josh.

I am Navy Medicine—HM3 John Ong—Lead hearing Conservation Tech at NHB

(Nov. 1, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Some patients need an ear full about an earful.

Hospital Corpsman 3rd Class John Ong can provide any such helpful cautioning.

As the lead hearing conservation technician and general duty corpsman for Naval Hospital Bremerton Otorhinolaryngology [better known as Ears, Nose and Throat] department, Ong handles everything from administering hearing tests to counseling patients on just what constitutes healthy hearing.

"Hearing is one of the major senses of the body and shouldn't be taken for granted, because once you lose it, it's not coming back. It's true we have devices and apps to assist with hearing loss and tinnitus, but nothing will restore your full sense of hearing. Not being able to hear can affect our ability to perform while on duty," said Ong, a Scripps Ranch High, California 2009 graduate and Olongapo City, Philippines native who calls Japan home.

Ong attests that one of the most frequent disruptors in healthy hearing that he encounters when dealing with patients is risk associated with ear wax, as well as deafening sound.

"Some of the most recurring factors I've seen on a weekly basis are anything from ear canals blocked with ear wax, ear infections, or damage to the ears due to exposure to loud noises. That damage can be from the workspace environments or listening to music at the gym," stated Ong, stressing that the do-it-yourself methods some people use to clean their own ears by using a cotton swab or pen actually has the opposite effect of pushing wax buildup further down in the ear, as well as potentially causing an injury inside the ear canal or to the ear drum.

"We recommend to come see us at ENT for ear-cleaning. We're available Tuesday, Wednesday and Thursday mornings by appointment. By having us professionally do it, that limits someone from unintentionally harming their hearing," added Ong.

Along with following the old adage of not sticking anything in your ear smaller than your elbow, a person's healthy hearing is also predicated on being able to adequately protect it from damaging, earsplitting noise.

“One of the simplest ways to help protect our hearing starts with the correct placement of hearing protection while in hazardous noise workspaces or recreational activities,” Ong said. “If someone is using hearing protection and taking the time for proper earplug insertion or headphone muff placement, they can help reduce hearing loss and tinnitus significantly.”

“Individuals should make certain the hearing protection is correctly worn or inserted so that they are provided with a good seal that muffles all incoming noise,” continued Ong. “Another day to day skill that we can all practice is to use volume discipline while using personal media and entertainment devices, such as earbuds and headphones. Limiting excessive loud noise exposure will prevent permanent hearing damage.”
As one might expect, there are challenges with providing healthy hearing in a military environment.

“The most challenging part of audiology in a military environment is counseling patients on their hearing test results. Explaining to a patient the differences between hearing loss and a change in their hearing can be complex. Some patients come in convinced that their hearing is poor and in reality the results tell a different story. Hearing is a complex process, and the audiogram is only a small piece of the puzzle. I’ve learned that taking the time to answer patient questions and thoroughly explain the test results as well as kinds of hearing protection, in a patient friendly way, is essential in promoting hearing health and sharing skills on how to protect hearing,” explained Ong.

Ong’s Navy Medicine career – seven years and counting - began when he was studying in the Philippines for a business major that simply didn’t suit what he was looking for.

“That same day, my dad sent me a text telling me that the U.S. Navy was in town looking for volunteers. I didn’t even hesitate. I left class to see if I qualified to join. Next thing I knew I was on a plane to Guam where I processed in, and here I am now,” related Ong, with prior assignments such as team lead for the surgical ward at Naval Hospital Pensacola, Florida, and as an En Route Care corpsman with 3D Medical Battalion, Okinawa, Japan.

“The best part about my career has to be overseas duty stations, having the ability to experience another country’s culture and learn from its history definitely adds to the uniqueness of a military career,” Ong said. “My dad was also in the Navy. He was an aviation boatswain’s mate – fuel. I remembered a patch he had on his pack. At the bottom of the unit patch, it stated, “Without us, pilots are just pedestrians.” Nobody’s job is too insignificant that it doesn’t make a difference.”

For Ong, one of the most gratifying factors - whether it’s assisting retirees or active duty members - is seeing patient’s reaction when they regain some semblance of their hearing.

“It might take the help of an audiologist and hearing aids or something as simple as an ear cleaning, but seeing how these services can really help a patient is gratifying,” said Ong.

When asked to sum up his experience with Navy Medicine in one sentence, Ong replied, “We all have a purpose at sea and or on shore, our fight is keep the fleet healthy and ready to fight.”

I am Navy Medicine—Hospital Corpsman 3rd Class Stephen Mathis

(August 10, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Paraphrasing an old saying, a rank amateur will waste time in discussing strategy while the wise specialist concentrates on logistical needs.

Such was the case with Hospital Corpsman 3rd Class Stephen Mathis.

His attention to detail in helping fill a gapped logistics specialist billet - and still handle his regular responsibilities – at Navy Medicine Readiness Training Unit Everett, were brought to the attention of command leadership.

Capt. Patrick Fitzpatrick, Naval Hospital Bremerton director and Navy Medicine Readiness Training Command Bremerton commanding officer, recognized Mathis for his personal initiative and professional reliability.

“I felt great about being acknowledged. I was not expecting to get recognized and it was nice to see that I am appreciated,” said the Wylie, Texas and a Pine Creek High School Class 2014 graduate.

According to Chief Hospital Corpsman Benjamin Chapin, NMRTU Everett senior enlisted leader, Mathis stepped up to fill a vacant logistics specialist position and help ensure the clinic had necessary supplies for providing patient-centered care.

“He placed orders on behalf of the clinic and received pharmacy orders which ensured continuity of care across four departments,” Chapin said, adding that Mathis also conducted timely research on critical care equipment for the clinic’s Dental department. His efforts were highlighted during the recent Joint Commission accreditation survey and proved to be instrumental for changes needed in the standard operating procedure.

For Mathis, who grew up as a military child with an affinity for baseball and hockey, it’s all part of his chosen path as a hospital corpsman.

As his family relocated from one assignment to another, he became intrigued at the idea of a career in Navy Medicine bolstered by the favorable impression of Navy doctor, nurses and hospital corpsmen. He joined the Navy in 2019 and received specialty training to become a dental technician.

“My job supports direct patient care for dental patients and assists with the continuation of care for the rest of the clinic through supply. Getting to help others has been the most gratifying aspect,” explained Mathis, touching upon the proverbial tip-of-the-iceberg of all the responsibilities he has, which also include; assisting health care providers in the prevention and treatment of oral disease and injuries; preparing dental materials and medications; exposing and processing dental X-ray films; rendering emergency dental first aid; instructing patients in oral hygiene; performing dental administrative; maintaining treatment records and reports; and providing ‘chair side’ assists to the dentist when providing direct patient care; and handling supply procedures.

The complexity of carrying out those supply procedures has also proven to be an educational lesson as Mathis continues to grow into his assigned duties and enhance his clinical knowledge.

“The steep learning curve for supply has been the most challenging part, but I am blessed to have a great supply team to support me and always answer any questions I have,” stated Mathis. “I have learned that it’s always best to reach out for help whenever you are unsure of the task you need to do.”

Mathis has also gradually settled into his duty station over 2,100 miles from home in helping provide dental care to the nation’s third largest fleet concentration.

“Being a part of NMRTU Everett means being able to support the [operational] mission of all the ships stationed here,” shared Mathis, also expressing a growing affinity for being surrounded by all that the Puget Sound region and Pacific Northwest has to offer.

“Navy Medicine has brought me to one of the best states ever, Washington,” Mathis exclaimed.

When asked to sum up his experience with Navy Medicine, Mathis replied, “The best part of my career has been meeting all of the different people in the Navy. I feel very blessed to be able to work here with Navy Medicine because of all the fantastic people.”

Corpsman Care during Atlantic Ocean ops on MSC Ship

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — There's a reason why U.S. Navy independent duty corpsmen are found assigned on isolated platforms from the wide expanse of the Indo-Pacific Theater to the far reaches of the Atlantic Ocean.

Their responsibility to the ship – and submarine – crew is to provide and handle any medical support, especially when emergency care at sea is required.

Which is exactly what happened when a Military Sealift Command civil service mariner sustained an injury which required immediate medical attention by Hospital Corpsman 1st Class Cristi A.H. Bussard on the expeditionary fast-transport USNS Trenton (T-EPF 5). The Trenton is currently employed by U.S. Sixth Fleet conducting operations in U.S. Naval Forces Africa area of operations.

Bussard's handiwork caring for the injured crewmember prompted an appreciative correspondence note from his wife, a retired Navy captain, sent to the corpsman's command, Navy Medicine Readiness Training Command Bremerton.

"I am writing this email to send a big Bravo Zulu to Bussard for the outstanding medical care she provided to my husband. He had an accident which resulted in a deep cut on the bridge of his nose and required stitches. Bussard quickly took charge of the situation and did an outstanding job with steady hands. I was so impressed when my husband showed me the stitches and told me how calm and reassuring she was during the procedure. We are so very, very blessed she was there to render medical care. Please relay our deepest thank you. I really thought a physician assistant treated my husband but he told me no it was an HM1. Wow," wrote M. David.

Senior Chief Hospital Corpsman Romualdo Humarang received the email and immediately shared with NMRTC Bremerton leadership.

"Would you expect anything less from a Sailor who hails from Corvallis, in western Montana? I'm very proud as a commanding officer and fellow Montanan. What a great testament to the skills and versatility of a U.S. Navy

independent duty corpsman," exclaimed Capt. Patrick Fitzpatrick, Naval Medicine Readiness Training Command Bremerton commanding officer, Naval Hospital Bremerton director and Missoula, Montana native.

USNS Trenton arrived in Mindelo, Republic of Cabo Verde for a brief stop for logistics during a schedule port visit, July 20, 2022. Cabo Verde, part of a volcanic archipelago approximately 350 miles from the closest northwest African coastal nation of Senegal, is an important partner of the United States in promoting peace and security in Africa. U.S. Naval Forces Africa ships routinely ply the waters as far as the southern Atlantic partnering with host nations to support African-led maritime security initiatives.

As part of the U.S. Navy's Military Sealift Command which is the premier provider of ocean transportation to the Department of Defense, USNS Trenton is one of approximately 125 civilian-crewed ships. MSC handles providing on-time logistics, strategic sealift and specialized missions in contested and uncontested environments. The ships conduct specialized missions, strategically preposition combat cargo at sea across the globe, as well as transport military cargo and supplies used by deployed U.S. forces and coalition partners. The MSC civil service mariners are not active duty service members but are federal civil service employees.

A number of Navy Medicine personnel are readily familiar with probably the most visible – and notable – of the MSC's United States Naval Ships, the two hospital ships, USNS Mercy (T-AH 19) and USNS Comfort (T-AH 20).

Just as a contingent of medical personnel currently deployed on Mercy are providing tailored medical care and other support with host nations as part of Pacific Partnership 2022, the largest annual multinational humanitarian assistance and disaster relief preparedness mission conducted in the Indo-Pacific region, so is a solitary independent duty corpsman on Trenton offering immediate support when needed.

Operational Readiness Training just a Littoral Away

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — With operational readiness the priority of the Navy surgeon general, it's up to all Navy Medicine Readiness Training Commands to ensure that's a core mission.

NMRTC Bremerton has formed a unique partnership to help ensure there's a ready medical force capable of supporting fleet mission – and medical - readiness.

Under coordination from Cmdr. John M. Miyahara, Pastoral Care department head, NMRTC Bremerton has teamed up with Maritime Expeditionary Security Squadron 11 to temporarily assign hospital corpsmen for operational platform training and familiarization exercises.

Hospital Corpsman 1st Class Don Wilwayco and Hospital Corpsman 2nd Class Jose Deras spent several weeks in May with MSRON 11, which operates ashore, at sea and in harbors, rivers, bays and littorals of Puget Sound. The squadron conducts maritime security operations by providing port and harbor security for the third largest fleet concentration in the U.S.

In his role as NMRTC Bremerton command/clinical chaplain, Miyahara attests that readiness is a crucial issue based upon the principle of syncing body, mind and spirit for good health and wellness, as well as building the necessary toughness to wage and sustain a fight.

"Readiness is about resilience. Readiness is about grit. Being in an operational setting helps our corpsmen get into the rhythm and routine of prioritizing readiness in all they do when on the job," explained Miyahara, citing Adm. Harry B. Harris, former commander of U.S. Pacific Command as an direct influence in understanding the importance of operational readiness.

"We worked under former PACOM Commander Harry Harris and his mantra was, "We are ready to fight tonight." In order to be able to do that, we need to work on ourselves as much as we do our job skills," Miyahara related from his duty assignment with Destroyer Squadron 31 out of Pearl Harbor, Hawaii.

When Miyahara arrived at NMRTC Bremerton, his operational experience and training capability provided a foundation from which to build upon in providing opportunities for Sailors with minimal Navy fleet experience.

“When I got here and took on some training missions I saw we were lacking, especially for new corpsmen, exposure to operational life. I really wanted to find an experience that would help our corpsmen get that sense of operational life,” said Miyahara, who took the initiative and reached out to MSRON 11 leadership requesting to allow corpsmen to join their boat crews for mission mentoring and in turn permit the corpsmen to provide medical training.

“It’s been a win-win for both commands,” stated Miyahara.

For Wilwayco, taking part in small boat ops proved to be a distinctive – yet exhilarating - experience compared to his time earning his Fleet Marine Force designation with 3d Medical Battalion, 3rd Marine Logistics Group, Okinawa, Japan.

“The work environment was obviously very different from being with the Marines. What was similar was the mindset of focusing on the mission,” said Wilmayco, adding that the small boat crews exhibited the same traits as the Marines. “MSRON 11 is a close-knit command. They have great camaraderie, [and] work really well together with a ‘one team, one fight’ mentality.”

The boat crew, consisting of a coxswain, navigator, engineer and at least one other crewman, welcomed the two corpsmen and shared their work environment, demonstrated their varied roles and explained their daily responsibilities.

“We were introduced to weapon handling, logistics, engineering, communications and unit operations. It was all a very valuable experience for us coming from a shore command to undergo what it is like to be on an operational platform,” Wilmayco said.

For their part, Wilmayco and Deras provided instruction on self-aid and buddy-aid.

“We assisted their command training team in developing a Tactical Combat Casualty Care program that is applicable for the kind of injuries and casualties a small boat unit could expect during a mission, such as burns, gunshot wounds and blast injuries. Those are all concerns with Marines, too, but on the small boat there was medical response training for handling a man-overboard or drowning victim. There’s also needing to know how to recognize and deal with the elements from being out on the open water, such as hypothermia, sun and wind burn, and dehydration,”

“We taught the basics such as placing a tourniquet and managing an airwave,” continued Wilmayco. “We went over MARCH [acronym] to prioritize the casualty evaluation steps; massive hemorrhage, airway, respiration, circulation, head injury and/or hypothermia. We also worked with their medical team to conduct training in damage resuscitative interventions and casualty evacuations procedures.”

When underway for two drilling and maneuvering training exercises providing medical support, Wilmayco and Deras also learned first-hand on boat crew operations, along with tactics and techniques which are applied when conducting maritime force protection, infrastructure and high-valued asset defense, coastal surveillance and special missions.

“Being with them was a great experience. I’d definitely do it again. Although we were only there for a few weeks, we were accepted and felt like we contributed to their knowledge to help them manage different injuries they might have during a mission,” Wilmayco said.

According to Miyahara there are several more iterations of the cross-training partnership planned.

“Definitely beneficial for us to be able to have an operational platform experience and be trained on the specifics of an expeditionary warfare capable unit,” commented Wilmayco. “MSRON also benefited by having subject matter experts in such qualifications as TCCC and Basic Life Support training.”

Fallen and Unforgotten 5K

(May 26, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — In honor of the significance of Memorial Day, Navy Medicine Readiness Training Command Bremerton held a "Fallen and Unforgotten 5K," to memorialize those lost, every step along the way, May 26, 2022.

Participants from NMRTC Bremerton as well as USS Theodore Roosevelt (CVN 71) ran, walked and rucked along the winding course organized by NMRTC Bremerton's 124th Hospital Corps Ball Committee.

"It important for us to know Memorial Day weekend is not just about time off. It's to remember all those who didn't make it home," shared Chief Hospital Corpsman Danny Garcia, Navy Medicine Readiness Training Unit Bangor leading chief petty officer and command fitness leader coordinator.

Although hospital corpsmen weren't the only ones legging out the 3.1 mile distance, they were the most, along with master-at-arms and Dental Corps staff being represented.

The Hospital Corps is also the only enlisted corps in the military, as well as the most decorated group of enlisted men and women. Since being established on June 17, 1898, corpsmen have been recognized with 22 Medals of Honor, 178 Navy Crosses, 31 Distinguished Service Medals, and 946 Silver Stars.

There are 20 ships named in their honor. One of the branch health clinics for the NMRTC Bremerton honors one of those Medal of Honor recipients by being named The David R. Ray Health Center, Naval Station Everett.

The recognition under fire has come at a heavy cost with the Hospital Corps ranks suffering since their inception. NMRTC Bremerton remembers. At the command's Hospital Corps Heroes Wall of Honor unveiled in 2015, the engraved names of 57 corpsmen lost during Operation Enduring Freedom and Operation Iraqi Freedom added another.

A solemn ceremony was held to include Hospital Corpsman 3rd Class Maxton Soviak, killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

Soviak and the other 57, along with every other soldier, sailor, airmen and Marine who has fallen, but unforgotten were remembered today. Every Step of the way.

Armed Forces Day: Honors those currently serving in the Armed Forces.

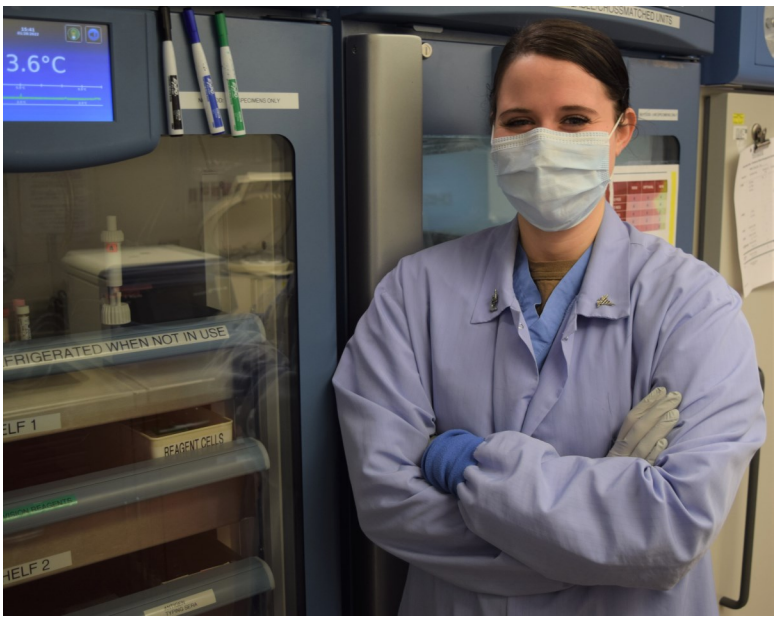
Memorial Day: Honors those who died in service to the nation.

Veterans Day: Honors those living who wore the cloth of the nation serving their country.

If it ain't raining, you ain't training...inclement weather didn't put a damper on NHB's Decontamination Team in successfully conducting—and concluding—with a short pause for a selfie, the crucial DECON certification course, May 5, 2022. The team was collectively and individually tested in being able to receive casualties during a chemical, biological, radiological, nuclear (and) explosive response (CBRNE) incident (official Navy photos by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

I Am Navy Medicine – & Blood Bank subject matter expert – Hospitalman Margaret Strah

(Feb. 3, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – What began as an exploratory impulse has resulted in professional – and personal– growth for a Navy hospital corpsman.



As well as provide critical life-saying support for those in time of need.

Hospitalman Margaret Strah, from Brook Park, Ohio and Midpark High School class of 2012 graduate, is a an American Society for Clinical Pathology certified medical laboratory technician assigned to Navy Medicine Readiness Training Command (NMRTC) Bremerton.

She handles the indispensable duty as resident subject matter expert for the hospital's blood bank which includes working as the blood donor recruiter, along with coordinating support for the Armed Services Blood Program. She also helps conduct hematology, chemistry, urinalysis and microbiology tests, of which last year alone there were 466,349 (tests) done.

Yet five years earlier, being involved in such considerable responsibility was but an abstract notion.

Not anymore.

"My journey with the Navy actually started with a series of why nots. When I was 21 I was working as a front desk clerk at a dental clinic when I received a call from my recruiter. I figured why not go see what they have to say," said Strah, who demonstrated strong aptitude and decided that the hospital corpsman rate was for her. She enlisted the day before her 22nd birthday.

"By the time I hit corps school I felt so patriotic I was eager to try to get orders to go green side [medical support for the Marine Corps] but ultimately I was 'voluntold' for Medical Laboratory Technician School, graduated the program and have been stationed at NMRTC Bremerton ever since," Strah added.

Her decision to enlist to become a corpsman has been a revelation of sorts.

"The more I read about corpsman history and heritage the stronger the urge I felt to be a part of something that is bigger than myself and make a difference. It's funny how some things just work out in the Navy. Though I was voluntold for lab school, the longer I was in in the 13 month training, the more interested I was in what I was learning, and just how important lab techs are in the medical world, especially when COVID-19 hit," said Strah.

Her interest in Navy Medicine is really no accident.

"I've always know that I wanted to be in the medical field growing up because it is the best possible way to help people, I just didn't know how to start," explained Strah. "I joined the Navy because I really didn't know where my life was going. I couldn't afford college so I was working three jobs at once and knew I wanted to be a part of something bigger than myself."

"The Navy has given me so much in terms of a sense of belonging, a purpose, the greatest friends I could have ever hoped to have and introduced me to my husband who also works at NMRTC Bremerton," Strah continued. "My future plans when I end my naval career is to continue in the laboratory field and become a medical labora-

tory scientist."

Before she accomplishes that lofty goal, Strah's focus is centered on supporting the Armed Services blood program, with the vital mission to provide quality blood products for service members, veterans and their families worldwide.

"During war time the highest priority is ensuring our troops overseas have the tools to save the lives of those wounded in combat. That is not the only priority. They provide blood products to hospitals all over the world including ours to help everything from emergency services to moms delivering babies," stated Strah, who has assisted in 12 drives which have resulted in collecting over 180 blood units since March, 2021.

The blood drives are another casualty of the on-going pandemic. With the surge in delta and omicron variant(s) of COVID-19, regular donors have been reluctant and supplies are diminished.

"Since March, 2020, the numbers of donors have declined substantially to the point that earlier this year the American Red Cross declared a national blood crisis. Usually the most needed blood types are O positive and O negative, but all blood types are important. Your donated blood is divided up into four parts: red cells, platelets, plasma, and cryoprecipitate AHF, which helps with clotting. Each part is used for treatments of different diseases," stressed Strah.

Statistical evidence backs Strah. Every two seconds someone in the U.S. is in need of blood and/or blood product like platelets. On a daily basis across the country, approximately 29,000 units of red blood cells are required.

When supplies were needed 'down range' in Afghanistan during Operation Enduring Freedom, up to 1,200 units were being sent on a weekly basis, including 11,000 units of blood in just one week.

"I could go on for hours detailing the science behind blood products and how they help different people but this article would be longer than a dictionary. I just need everyone to understand that just because your blood type isn't rare doesn't mean that is not needed. The greatest way you can serve your country and support your fellow shipmates is by donating blood. You never know who is going to need it next," Strah noted.

Strah says it can be a challenge to convince people to donate. However, once they do, the results speak for themselves.

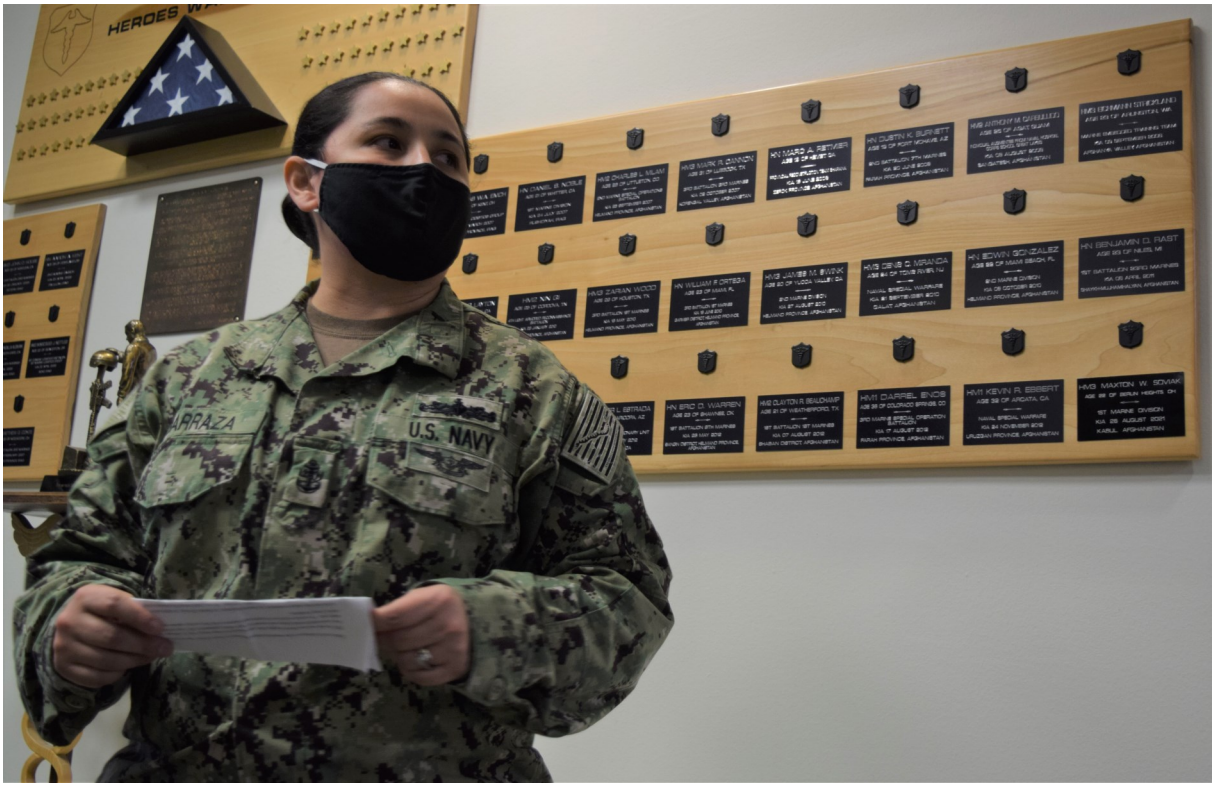
"One cannot simply force people to give blood. A lot of it stems from a fear of needles to, 'oh I tried to donate in the past but was turned away,' and they never try again," Strah said. "The most gratifying thing is being able to see the positive affect that each drive has. I am able to see the number of units collected at each drive. As a lab tech who works primarily in the blood bank I see first-hand the challenges of obtaining the required amount of blood to keep our inventory stocked. It is extremely gratifying knowing that those who donate ease that difficulty and give a fighting chance during difficult times."

When asked what's been the best part about her career, Strah remarked, "Definitely been the people I have met over the years. From friends who are now like family, and coworkers who make busy workdays bearable and help guide me into getting better in my field. To chiefs and first classes that have been the best mentors around to not only shape my military career but to help me grow into the woman I am today."

Summing up her experience with Navy Medicine in one sentence, Strah affirmed, "exhausting but rewarding."

Gone, but Never Forgotten, at NMRTC Bremerton

(January 27, 2022) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Naval Hospital Bremerton unveiled their Hospital Corps Heroes Wall of Honor in 2015, it was a heartfelt and hallowed ges-



ture to remember Navy hospital corpsmen lost after 9/11.

Another name was solemnly added to the engraved names on the memorial site.

Navy Medicine Readiness Training Command (NMRTC) Bremerton held a dedication ceremony in honor of Hospital Corpsman 3rd Class Maxton Soviak, killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

“At his last duty station, Soviak was assigned to 1st Marine Regiment, 1st Marine Division. He deployed to Afghanistan. He was killed during his mission to help civilians evacuate. He was posthumously awarded the Purple Heart and Fleet Marine Force corpsman warfare badge,” said Chief Hospital Corpsman Elizabeth Barraza, command Chief Petty Officer Association coordinator of the event.

Soviak was among 13 U.S. service members killed that day with another 18 injured in the blast.

The ceremony included a flag presentation by NMRTC Bremerton Color Guard detail – Hospital Corpsman 1sr Class Curtis Lee Boney and HM3 Joshua C. Herbert - to honor the memory of the fallen corpsman, a wreath laying by the command’s Hospital Corps Ball committee – HM1 Paul Delacruz and HM1 Matthew Hanley – along with sentiments shared from NMRTC Bremerton leadership.

“We didn’t know him, but he was one of ours. He was just 22 years old, from the small town of about 600 [residents], Berlin Heights, Ohio. We felt strongly that we needed to keep his memory and legacy alive. We share and grieve at his loss,” remarked Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer, not-

ing that there are 57 names engraved on Hospital Corps Heroes Wall of Honor, with all sharing two distinctive traits.

One is that they are all United States Navy Hospital Corpsmen.

The other is that they have all been lost while serving their country during time of war.

“From the battlefields of Iraq to the firefights in Afghanistan, while supporting Operating Enduring Freedom, Operation Iraqi Freedom and Operation New Dawn, these 57 names show those who sacrificed their lives so others may live. Gone, but never forgotten,” Fitzpatrick said.

“The names posted on this wall were Sailors we grew up with, were stationed with and were deployed with. We may not have had the opportunity to personally know HM3 Soviak, but we know that he had the same impact that these other corpsmen had who came before him,” added Barraza.

The Hospital Corps Heroes Wall of Honor was a project initiated in 2013 by two former command staff members, HM1 Derrick Ward and Hospital Corpsman 2nd Class Mike Nakamura. Barraza did the necessary legwork to track them down and explain there was the unfortunate need to add another name of the fallen to the memorial.
“We talked for a good amount of time. Their passion for the project was still present. They wanted to ensure that the integrity and intention of the memorial remained the same, to honor fallen corpsmen. This memorial wall means a lot, not just to hospital corpsmen stationed here, but all staff,” explained Barraza.

Senior Chief Hospital Corpsman Randall Zenonian, acting command master chief, took a moment to extend sympathies and reflect to those gathered on the somber nature of the ceremony.

“Our Hospital Corps Heroes' Wall of Honor is a reminder that we stand on the shoulders of those who came before us, and especially those who did not return home,” Zenonian said. “I encourage everyone to visit all of our remembrance memorials, all located on the main hospital third floor. We also honor those hospital corpsmen who have received the Medal of Honor, The Navy Cross, as well as those whose status is listed as Prisoner of War or Missing in Action. Gone, but never forgotten.”

The ceremony concluded with a moment of silence to honor Soviak and the other 12 lost on that fateful day.

Gone but never forgotten.

Navy Corpsmen Help Keep Life-Saving Blood Products Flowing

[December 8, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- For a few Sailors assigned to NMRTC Bremerton, their duty is away from a nautical setting.

Hospitalman Jia Li Chen, med lab tech, works at the Armed Services Blood Bank Center-Pacific Northwest on Joint Base Lewis McCord, well removed from a nautical setting...but not from patient care.

Their crucial responsibility is conducted in a tri-service environment marked with 'tank crossing' signs and echoes of artillery practice in the near distance.

Yet inside a non-descript structure on Joint Base Lewis McCord, Hospital Corpsman 2nd Class Aaron Lake, Hospital Corpsman 3rd Class Roberka Joseph, and Hospitalmen Jia Li Chen and Edward Yelland help support a vital need throughout the world to keep others alive.

The four are U.S. Navy medical laboratory technicians working at the Armed Services Blood Bank Center-Pacific Northwest.

"This blood donor center sends blood products to 210 military treatment facilities (MTF) and provides blood products to six combat theaters. We identify the needs, make the appropriate needed products and send off. We have [approximately] a 24-hour turnaround time. The goal is always to get blood products to those who need it in the fastest manner possible," said Lake, leading petty officer, and Washington native who grew up in the area and has worked at the center for approximately five years.

Compiled statistics show that approximately one in seven people who enter a hospital like NHB will need blood. That's stateside-relevant data however, and not applicable to the recent past where blood products were in constant demand at forward operating bases, combat outposts and trauma team settings throughout Afghanistan.

Blood products collected by the center are still distributed world-wide to provide support from deployed troops overseas to veterans and their families at home.

"A unit of whole blood can potentially be made into different products. Each of these products is used for a different purpose. We help determine what is needed with the facilities that we send blood to as well as the theater (s) of operation. The fresher the blood the better the results," stated Lake.

One pint - or unit - of donated blood can not only save up to three lives, but can also be separated into multiple, vital components of red blood cells, plasma, platelets, and cryoprecipitate.

The red blood cells carry oxygen to the body's organs and tissues.

Plasma is a mixture of water, protein and salts and make up approximately 55 percent of the actual blood volume in the human body.

Platelets help promote blood clotting, and cryoprecipitate, which is collected from plasma that has been frozen, then thawed, is a crucial coagulation agent.

As demanding as it can be to ensure all blood products are sent in an expedient manner for timely use, Lake attests that's really only part of their daily concern.

"The challenging part of blood collection is always needing donors. Our blood products range in expiration

dates of 21 days to 42 days," explained Lake. "A donor can only give every eight weeks/56 days. Blood products can expire long before our donors are able to come back. That's why we're always in that struggle to resupply. A lot of times you'll hear about a natural disaster and people are asked to donate. Ideally we need product on the shelf ready to go when that disaster hits. Not after the fact."

Towards that end, there's a mobile team which screens for and collects blood which is then brought back to the center for processing. The mobile teams travels across the entire Pacific Northwest, from Naval Air Station Whidbey Island, Wash., to Travis Air Force Base, Calif., even colleges that have Reserve Officer Training Corps programs.

According to Lake, over 10,000 blood products were shipped last year.

"That was a slow year," admitted Lake. "Usually we collect from 400 to 500 donors every month, but realistically we'd like to double that. We try to schedule between three to four blood drives a week. It gets difficult during the holiday months to get donors with everyone busy and units have their own training. So it's hard to prioritize us and our mission."

Training is also being provided to Army and Navy operational commands to have their own walking blood bank, if and when needed. A walking blood bank is based on urgency, where blood can be timely drawn from those already pre-tested and designated as a 'walking' donor pool if suddenly required in responding to any medcially-related emergency with wounded personnel in need of blood.

"Right now, we have a hospital corpsman off USS Theodore Roosevelt (CVN 71) who is being trained in all the different administration procedures that he needs, such as how to apply blood product testing and everything else to help establish a walking blood bank on the Roosevelt prior to whenever they head out to sea or on deployment. If blood is needed, there will be a functional standard operating procedure in place with a list of prescreened personnel," said Lake.

"It's just about ensuring we get the life-saving blood product that's going to make a direct impact to keep people alive," added Lake.

The donor center duty has also become a professional proving ground for the Navy medical laboratory technicians. Chen has taken over responsibility as lead technician for the evening shift.

"It's not her rank that dictates but her ability. She has shown herself to be very knowledgeable and a dedicated teammate since she got here. She has shown to have the capabilities displayed by her more senior petty officer and civilian counterparts," commented Lake.

Chen's shift has the processing team handling such tasks as taking donor information, screening information, and collection information to laboriously entering it into a central data base as well as make the blood products based on current inventory in Department of Defense and Defense Health Agency.

"The database gets cross referenced to all donor centers in Department of Defense. We can tell, for example, if someone donated in Landstuhl [Regional Medical Center], Germany but had a malignant cancer which gets flagged for being infectious. Then they come here to donor and their history will pop up," Lake said.

The blood donor center has also been impacted by the ongoing pandemic. Donation efforts have slowed at the center itself and with the mobile teams.

"COVID made it especially challenging. A lot of our donor population are older and the travel limits and unease made it really difficult for them. And us. We want to always make sure everyone is safe. That created unique challenges. Restrictions on donors were much more intense because we want to give the best blood possible," noted Lake.

For those wishing to donate blood, an appointment, can be made by calling 253-968-1850. Hours of operations are Monday through Friday, 8:40 a.m. - 3:00 p.m.

They are always ready to assist fellow service men and women and will continue to collect, screen and process valuable blood products to support those in need across the globe.

So others may breathe - Navy Medicine Respiratory Therapist cares for COVID casualties

[December 1, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When U.S. Navy Hospital Corpsman 2nd Class Tessa Hazard chose to become a respiratory therapist, part of the specialty allure was a limited chance of deployment.

Yet, the ongoing pandemic has called upon Navy Medicine respiratory therapists like Hazard to be sent from sea to shore to help against the highly-infectious disease.

Whether it's embarking overseas on a Navy nuclear aircraft carrier or traveling to a rural hospital setting in America, corpsmen with respiratory therapist skills have demonstrated that they are indeed a ready medical force when called upon.

"Readiness is big time for us," said Hazard. "When I chose respiratory therapist I thought it was a very low deployable platform and wouldn't have that big of a risk to leave my family – young twins - behind to deploy. Now COVID hits and we're being deployed on every platform which we probably would have never gone on before and all these CONUS [continental U.S.] deployments which are still ongoing."

Hazard recently returned to Navy Medicine Readiness and Training Command Bremerton after deploying on behalf of Joint Task Force Civil Support for approximately eight weeks to Ozark, Alabama. As a member of Navy Medicine's Medical Response Team Ozark, Hazard and other active duty nurses, providers and hospital corpsmen were integrated into Dale Medical Center as part of the Department of Defense COVID response operations in conjunction with U.S. Northern Command and Federal Emergency Management Agency to help overwhelmed hospital staff deal with an influx of COVID-19 patients.

According to Lt. Cmdr. Andrew Rutledge, Navy Medicine Readiness and Training Unit Everett officer in charge and team lead, there was a need for Hazard and HM2 Sebastien Fontanges, assigned to Naval Medical Center San Diego, both respiratory therapists, to get acclimated as soon as possible due to the departure of more than half of Alabama hospital's respiratory therapist staff just prior to their arrival.

"Which put them in lead support, with the challenge of what readiness really means in this new environment. Hazard and Fontanges were a great team in a unique opportunity to serve fellow Americans right in their hometowns using the skills the Navy taught them. They did it very well," explained Rutledge.

"Without us, they would have had to shut down certain parts of the hospital without having enough people to staff shifts. They were very grateful to have us there to help them out. That was what everyone was saying, how thankful they were that they were being supported by our team. We could tell they were exhausted when we got

there. They were overworked and happy to have relief," added Hazard, an Oxnard, Calif. native with nine years of Navy experience.

With COVID-19 being a respiratory disease, those afflicted can have their lungs fill with fluid. Inflammation can set in. Patients have low oxygen levels and trouble breathing. Hazard was in high demand. She was charged with helping patients' breath and deal with any airway problems. She provided 180 hours of direct clinical care for 96 patients on a 25-bed COVID unit, seven-bed intensive care unit and 12-bed emergency department. She even volunteered four hours to mentor 150 students at Ozark High School on career opportunities in Navy Medicine and the military as a whole.

It proved to be an emotionally challenging assignment, yet one she trained for and was prepared to handle. She wanted to be able to provide patient-centered care in an inpatient setting, which was exactly what she did.

"I often worked in the intensive care unit, managing the ventilators for the patients, also doing medication therapy with inhalers and nebulizers to either open their lungs, or break up the mucus in their lungs," said Hazard. "Some patients were just on oxygen so there was a need to monitor their oxygen levels. We also used high-flow oxygen for higher pressure and level of oxygen and a regular nasal cannula, which is used to provide additional oxygen to someone needing respiratory assistance."

The majority of her patients were COVID-19 cases. Those suffering from severe COVID-19 needed intubation, even a tracheal tube, along with ventilation support.

"I felt I was doing my part to contribute in some way against the pandemic. Respiratory therapists have been overworked and extremely busy this entire time because it's a respiratory disease," said Hazard.

There were fatalities. Hazard estimates that were approximately 10 deaths attributed to COVID-19 when she was there. In the rural setting, that number hit home to many.

"I had my first code [patient dying]. The patient didn't make it and was 20 years old, the youngest patient who had a lot of health issues prior to COVID. It was my first time experiencing having patient die in front of me and we couldn't help," Hazard said.

"One of the first patients who passed away was related to someone in the hospital," continued Hazard. "Everyone who worked there knew who that person was. It affected the whole hospital. And the young patient, that hit home, too. Other patients, they were in the hospital for so long, up to two months, that even though they were unconscious most of the time, you got to know them. They started to get better and then all of a sudden they crash. In that inpatient setting, you got close to them, then they're gone. We thought they were getting better, yet being unvaccinated they didn't make it. When there's a loss, it hits everyone."

One patient who did leave lost all other family members to COVID.

"There was a whole family dying in one hospital due to the disease. Very tragic," Hazard said, adding that despite the loss, there were patients who did pull through.

"They were there the entire time we were there. Right before leaving they got discharged. They just appreciated everything we were doing for them. I'd go in there to help with their respiratory needs and would end up also helping with other stuff like their blanket. Helping with those little things technically was not part of my job but it's what we do for those we care for. The staff were also very appreciative," Hazard said.

Hazard was notified about a week before she departed she was leaving for Alabama. Once at Dale Medical Center, her and the rest of the Navy Medicine personnel spent several days going through hospital orientation, which included job-shadowing to get the lay of the land. They then teamed up with local staff and started their assigned shifts. Hazard was put on night shift, working 7 p.m. to 7 a.m., along with an emergency room nurse, ICU nurse, medical surgical nurse, and a doctor. Despite the long hours, she attests that one of the most difficult parts of being deployed as simply being away from her young twins and husband back at home.

"It was hard missing them. It was really hard losing patients. No matter what path you're following, this pandemic proves you have no idea what's going to happen," stated Hazard.

Power Award Recognition for NMRTC Bremerton Operational Readiness Clinic

[November 9, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Talk about ensuring a medically ready force by a ready medical force.

When Rear Adm. Bruce Gillingham, Navy surgeon general and chief, Bureau of Medicine and Surgery noticed that there was a backlog of periodic health assessments (PHA), he immediately set about to clear the holdup.

Navy Medicine Readiness and Training Command (NMRTC) Bremerton Family Medicine department organized an Operational Readiness Clinic to efficiently respond to the need in the Navy's third largest fleet concentration.

They were officially recognized for their collective hard work with the Navy Surgeon General Power Award, Nov. 9, 2021.

"If a Navy command has personnel not medically ready, then they can't deploy. Our Family Medicine put together a team effort to address the need. Their efforts show what working together is a team can accomplish," said Capt. Patrick Fitzpatrick, NNHB/NMRTC Bremerton commanding officer.

A PHA is used as a screening method and measure to routinely assess the individual medical and dental readiness of all service members. For those commands preparing for deployment, it is a valued-added tool to help determine their collective operational readiness.

The recognition by the Navy surgeon general specifically focused on the innovative approach by Family Medicine. They came up with the idea of addressing the crucial PHA needed for medical readiness by implementing the Operational Readiness Clinic. The clinic streamlined the process, and improved the cycle time needed for PHAs from an average of 10.6 days down to 7.2 days for 250 Sailors.

"Your innovative approach represented a 32 percent improvement, contributing to a four percent increase in medical readiness in just six months. Your innovative efforts exceeded the surgeon general's goal ahead of the completion benchmark. Your efforts were in complete alignment with the surgeon general priorities and deserve special recognition for a job well done. Bravo Zulu," wrote Gillingham.

The surgeon general priorities – known as the '4Ps' – are the framework for Navy Medicine's mission of focusing on the readiness of the (Navy) Fleet and Fleet Marine Force and are described in part as follows:

People: Active, reserve and civilian medical forces are organized, trained, and equipped to support the integrated Naval Force. Navy Medicine is also a leader in the Navy's culture of excellence – a culture that emphasizes signature behaviors over compliance. Mutual respect is the baseline and excellence is the custom.

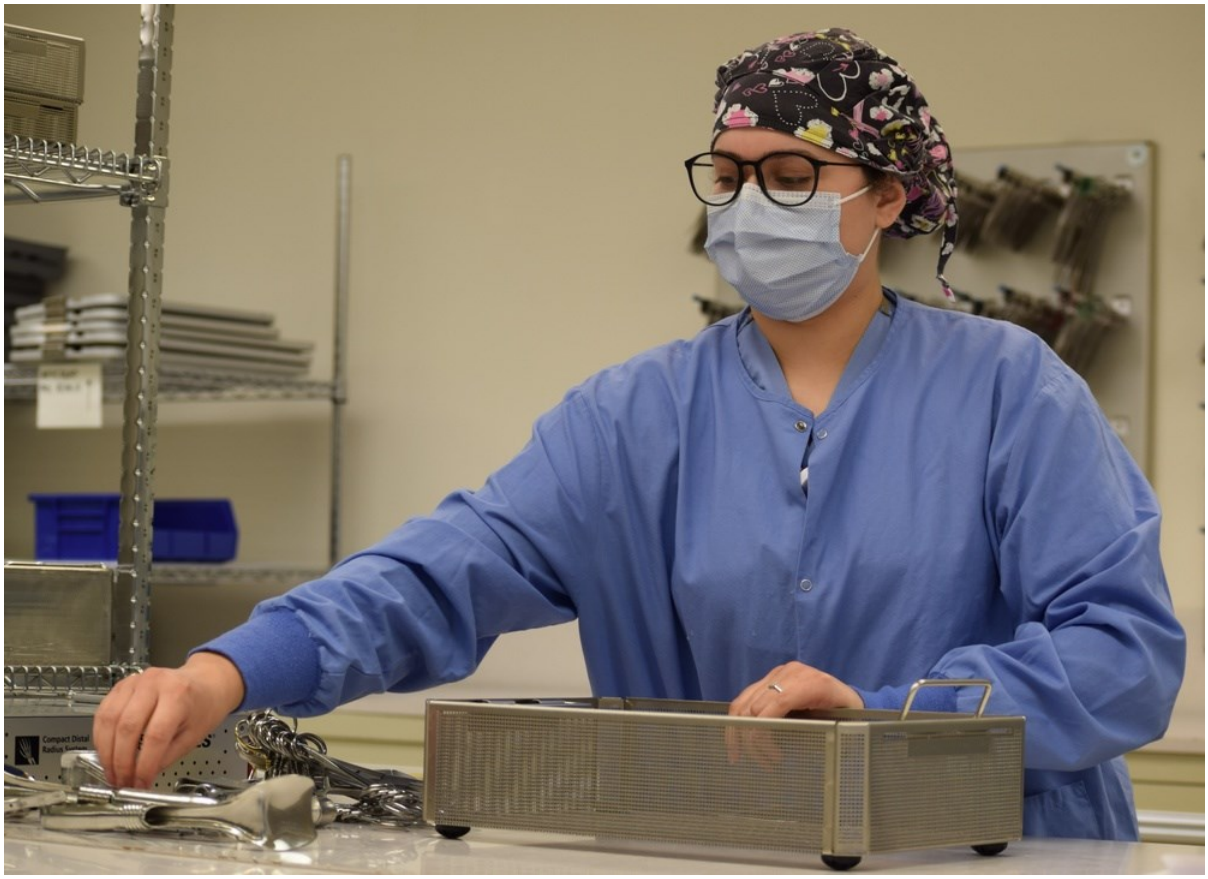
Platforms: Navy Medicine will have modern and maintained program of record equipment sets and appropriate platform training in place that will provide the capabilities necessary to support the warfighter.

Performance: Navy Medicine will have programs in place to ensure all active duty personnel meet and exceed their operationally-focused knowledge, skills and abilities. Further, high value performance will be gained through such principles as high reliability, partnerships and data driven decision making.

Power: All elements of Navy Medicine, including personnel, equipment, infrastructure, and analytical capabilities are harnessed to produce medically ready forces and a ready medical force.

I Am Navy Medicine – and Navy Surgical Tech – HM2 Stephanie Manamon

[September 28, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- From the Sterile Processing department to the Main Operating Room - and all places in between - there's a group of Navy hospital corpsmen like Hospital Corpsman 2nd Class Stephanie Manamon providing timely and continuous surgical support.



Manamon, a Falmouth, Massachusetts native and Falmouth High School 2013 graduate, is one of approximately 15 corpsmen with surgical technologist specialty skill assigned to Navy Medicine and Training Command (NMRTC) Bremerton.

Manamon and her surgical technologist colleagues – generally referred to as surgical techs – are considered the backbone of the departments where they work and irreplaceable assets of a Navy Medicine command currently providing operational support to far flung locales.

"Without them, day to day operations would be major impacted. They're invaluable whether it's assisting in a variety of surgical cases or ensuring proper procedures in the sterile processing department [SPD]. They make it happen," said Senior Chief Hospital Corpsman Xavier Guy, Director for Surgical Services leading chief petty officer.

National Surgical Technologist Week was held Sept. 19-25, 2021, yet there was really no down time for the surgical techs at NHB handling various duties for the Main Operating Room (OR) and in other clinical areas such as Oral Surgery, Ophthalmology, and Labor and Delivery.

Which suits Manamon just fine working in SPD of the Main OR. She has been in the Navy for eight years, with the last two as a surgical tech.

“Surgical techs assist in many facets of the Main OR setting. Every instrument that is packaged for a patient, used, and reprocessed is touched by a surgical tech. When in the operating room, we ensure that the room is clean, instruments are sterile, and that the entire team maintains a standard of aseptic technique and patient safety. We assist in all procedures either maintaining the back table or in direct care with the surgeon,” said Manamon, who decided she wanted to serve in the military after the Boston Marathon bombing in April, 2013.

“I knew I wanted to be in the medical field. I chose to become a hospital corpsman. My father was a Navy Seabee and I grew up listening to stories about how amazing Navy corpsman were,” Manamon said.

Her initial duty station was at Naval Health Clinic New England, Newport, Rhode Island from 2014 to 2016. She then transferred to Naval Hospital Bremerton from 2016 to 2019 and worked in Labor and Delivery department.

It was after observing numerous code purple - obstetrics emergency – situations and watching surgical techs taking care of the newborn that she decided to become one herself.

“I saw how adaptive, talented, and fearless they were and I wanted to be a part of the operating room family,” noted Manamon, who is also studying pre-nursing at a local college. Yet her training is only part of her personal Navy career, to date.

“Navy Medicine has taught me how to be a selfless medical provider. It has given me opportunities to further my education, learn how to be an effective leader, and work as a team player. I have discovered what it truly means to serve others and to serve the mission. I feel happy knowing that Navy Medicine has given me a sense of self and inspired me to further my personal aspirations,” explained Manamon.

A typical day for Manamon has her and other surgical techs assisting in the Main OR during all surgical cases.

They clean, disinfect, and ensure proper sterilization has taken place for all gear being used. They pull all the instrumentation and consumables required for each surgery performed and help prepare the room with the circulating nurse.

Upon completion of every surgery case, they then take charge of all the used equipment to prepare for the disinfection and sterilization processes. That rinse and repeat process is stringently replicated for all cases.

Although days can be challenging due to long hours, Manamon affirms that her career choice is rewarding.

“Working in sterile processing, it is gratifying to know that the instruments that I send to the outlying clinics are meticulously handled and sterilized. I feel good knowing every item I handled was processed with attention to detail to ensure our patients and staff are taken care of,” said Manamon. “Although I do not always work with patients directly, I feel good knowing that I took part in them receiving good care and lowering their risk of infection. Patients expect for the instruments to be clean when used on them and I can ensure that it happens.”

As with the rest of the command, the past 20 months have seemingly revolved around trying to stop the spread of COVID-19.

Surgical techs have been an integral part of the command, as well as Navy Medicine, ready medical force responsible for ensuring the Navy has a medically ready force when called upon.

“During this time, we have deployed to assist in ensuring our Sailors are ready. While serving in the NMRTC, we contribute to the readiness of not only active duty but their families. By helping all areas of the Navy team, we ensure that not only the Sailor is ready and healthy but so are their families,” stated Manamon.

When asked to sum up her experience in Navy Medicine in one sentence, Manamon replied, “Navy Medicine has taught me the basic skills needed to be successful and to always put patients before myself,” she said.

I am Navy Medicine – Sailor of the Quarter, MAP appointed – HM2 Kyra James

{September 6, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- An idea forged and inspired by grandfatherly accomplishments is becoming a legacy on its' own.

Along with being named Navy Medicine Readiness and Training Command (NMRTC) Bremerton Junior Sailor of the Quarter, Hospital Corpsman 2nd Class Kyra James, from the Navajo Reservation and small town of Querino, Arizona, was recently advanced to her current rate by the Navy's Meritoriously Advancement Program (MAP).

The MAP allows commanding officers the opportunity to acknowledge Sailors who have demonstrated they are ready for the next level of responsibility by advancing them in rate.

James was one of a select few chosen for the MAP and being recognized as Sailor of the Quarter further acknowledges her professionalism as a radiologic technologist.

"I joined the Navy because I wanted to serve like my grandfathers," said James, a Sanders Valley High School 2014 graduate. "Both served in the military. One was in the Army and the other was in the Marines. Nobody in my family had joined after them, so I always knew that I wanted to be the first. After talking to a Navy recruiter, I got some reassurance from my parents and was put in the Delayed Entry Program for about nine months and started boot camp in 2015

James was drawn to a career in Navy Medicine as a way to help others in need, along with furthering her own personal - and professional - growth.

"I have always been interested in medicine and felt like I could learn a lot, while making a difference," explained James, who has just received her Associates Degree from Columbia College, Missouri.

Navy Medicine has already taken her on a number of assignments in her six years, each providing the opportunity

to train, develop and advance.

Her initial duty station was across the Pacific at U.S. Naval Hospital Guam. She then went to Fort Sam Houston, Texas, studying for half a year in the Navy's Radiology C-school, followed by another seven months at Naval Medical Center Portsmouth, Virginia.

"I have also spent time supporting the 1st Battalion Army Officer Candidate School, 196th Regiment in South Dakota," added James, a duty where she used her corpsman skills in support of annual U.S. Army field training exercises.

She has worked in a number of diverse medical areas, each predicated on helping keep active duty, retirees and their family members healthy. At her first duty station, she began working in the Ambulatory Procedures Unit to aid in caring for patients in pre- and post-operatively status. She was also the work center supervisor for the OB/GYN Department. After completing Radiology school in 2018, her focus shifted to that specialty.

"I have been working in the Radiology Department, and been the Mammography Administrative Coordinator," said James, equally busy in supporting her colleagues as the current president of the command's Junior Enlisted Association (JEA) and Sailors Against Sexual Harassment and Assault (S.A.S.H.A.) committee.

Her selection as Junior Sailor of the Quarter encompassed all her proficiency on the job, as well as volunteer work.

"This achievement means a lot and I am extremely honored to be chosen. I am beyond grateful that I was able to represent the JEA, the S.A.S.H.A. committee, my directorate, my department, and my family," James said. "To be selected means a lot. It means that my dedication and hard work towards the mission was noticed and rewarded. I just hope I can be a role model to any relatives who are thinking about joining."

James notes that her career to date has been fulfilling, yet the one aspect that has proven to be more rewarding than others is her commitment to helping others.

"Being part of here means putting service before self and being able to help others. The most gratifying aspect of my career would have to be paying forward whatever I learn. Every Navy career is not the same. Each Sailor has a different experience. I try my best to help my peers in any way I can," James shared.

Although more than half of the approximately 24,000 Native Americans serving in the military are in the Navy, they represent just a fraction of the total force of 1.2 million. Add into the equation of being a female, and that percentage drops even further.

"I think the most difficult aspect of my career would have to be the challenges I have faced being a Navajo woman in the military because I don't have a lot of people I can relate to," said James. "At times, it can be difficult being the only one from your ethnicity. But I have been able to overcome that challenge by having a great support system."

Over the 18 months, the added emphasis needed to eliminate the pandemic has had James and the rest of the Radiology Department performing well beyond their normal duties.

"Working in Radiology, we help stop the spread of COVID-19 by performing diagnostic imaging," said James, noting that her position and that of her department is essential in providing patient care. "Radiology is an integral part of providing support to others in need. The diagnostic imaging gives providers the ability to see and understand what's going on inside the body. A broken bone or a disease can be diagnosed and then treated."

"My department and I have worked hard to complete all diagnostic imaging and procedures. Like many other jobs, we were essential and had to remain flexible," continued James. "Each modality is important. We perform x-rays, fluoroscopies, CT's, ultrasounds, MRI's, and mammograms. Our duty is to help ensure that each active duty member and their family members are well taken care of."

When asked to sum up her Navy Medicine experience in one sentence, James replied, "Working in Navy Medicine has taught me to never stop learning and to always overcome any challenge."

Just like her grandfathers.

NMRTC Bremerton MAP a global congratulatory event

[September 3, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- A MAP was needed for all the congratulatory announcements shared across 10 time zones from Navy Medicine Readiness and Training Command (NMRTC) Bremerton.

For Hospital Corpsman 3rd Class Kamal Green, forward deployed as a physical therapy technician to Camp Lemonnier, Djibouti, headquarters of Combined Joint Task Force – Horn of Africa, command leadership got in touch with him after 9 p.m. at the east Africa base.

The unexpected phone call let him know he was being advanced from his current rank of hospital corpsman third class to hospital corpsman second class as part of the Navy's Meritoriously Advancement Program (MAP). After Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer shared the news, there was a momentarily pause at the other end of the call.

"I'm speechless, and if anyone knows me, they know that rarely happens," said Green.

"You've always performed well above your pay-grade," noted NMRFTC Bremerton Command Master Chief Rob Stockton. "You continue to do amazing work. This advancement is well deserved."

From Recruit Training Command, Great Lakes, Ill., to the Armed Service Blood Program at Madigan Army Medical Center, Navy Medicine Readiness and Training Unit (NMRTU) Everett and several stops in the main hospital of NMRTC Bremerton, other Sailors were caught unawares of the good news.

"I have no words right now. I really appreciate this," exclaimed Hospitalman Jazmin Del Angel, assigned to NMRTU Everett.

MAP authorizes commanding officers to advance eligible enlisted Sailors in paygrades E5 and below to the next higher paygrade. The program allows commanding officers with the opportunity to acknowledge those personnel who have demonstrated they are ready for the next level of responsibility by advancing them in rate. The program also grants greater authority to individual commands to better structure their manning levels, and overall helps the Navy by continuing to develop and reward talented Sailors.

HN Aliciafe Sison, currently supporting a COVID-19 mission working at the Navy's only enlisted Recruit Training Command, Great Lakes, was also surprised from a personal phone call from command leadership.

"We know you're doing an important mission in helping keep the Navy's lifeline open. You're demonstrating readiness in taking your skills to another location to provide support. Advancing you to the next highest pay grade is a testament to your hard work. Everyone here wishes to congratulate you," shared Fitzpatrick.

Sison could only reply with a one word, "Wow," she said.

Those advanced to their appointment as a hospital corpsman second class, or third class petty officer in the United States Navy makes them heir to the tradition of naval leadership. By accepting the appointment, they are charged with demonstrating those standards of performance, moral courage, and dedication to the Navy and the nation which may serve as an enviable example to their fellow Navy men and women.

HN Ocean Lewis, assigned to Family Medicine department, was also rendered speechless.

"I'm at a loss for words," Lewis said, after receiving the congratulatory news from command leadership.

"Family Medicine has some amazing Sailors. HN Lewis has stood above in everything she has done in the department," commented Capt. Jeff Feinberg, NMRTC Bremerton executive officer.

As a radiologic technician, Kyra James has been notable in her work as mammography administrative coordinator and was a key contributor in the Radiology department achieving 100 percent in the most recent – and highly stringent – Mammography Quality Standards Act inspection. Also recently recognized as the command's Junior Sailor the Quarter, James also somehow found the time to actively support several command-wide programs designed to aid and assist other enlisted personnel.

"I thank my co-workers and leadership for their great support. Being able to help others here in Radiology and being on the Junior Enlisted Association and part of S.A.S.H.A. (Sailors Against Sexual Harassment and Assault) is just something I do," James said.

By exhibiting unfailing trust and obedience towards superiors, cooperation and loyalty to their peers, and understanding and strength to subordinates, they will contribute greatly to the effectiveness and good name of the United States Navy.

"Their desire to excel and to guide others must be boundless; their appearance must be a model for others and their performance must be a continual reflection of their sincerity, attention to duty and moral responsibility," Fitzpatrick shared.

Advancing to hospital corpsman second class are Hospital Corpsmen 3rd Class Maria Cuenca, Jose Deras, Green, James and Lewis.

This marked the second time being MAP for Cuenca.

"She validated the judgement the first time and validated the decision this time again. Being MAP'd twice is rare and she's the real deal. She's always performed above her current pay grade and that type of commitment rubs off," stated Stockton.

Making the transition to hospital corpsman third class are Hospitalmen Jazmin Del Angel, Roberka Joseph, along with Sison.

"Without question, the Sailors selected for meritorious advancement this cycle have consistently demonstrated Character, Competence and Compassion, and I am confident that each will continue to lead effectively within our organization and across the fleet," affirmed Fitzpatrick.

I Am Navy Medicine – and Sailor of the Quarter – HM2 Joseph Kahler

[August 11, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Joseph Kahler was growing up in Mosinee, Wisconsin, he had an epiphany in the fifth grade.

Although he didn't quite understand exactly who a hospital corpsman was, or did, an elder sibling returning home opened his mind's eye to his future.

"My oldest brother joined the Navy as a corpsman near the beginning of the War on Terror. I remember not really understanding what a corpsman was until he returned from a deployment in the Middle East. My family went down to see him.

"A staff sergeant came over and talked to my father, tearing up

while thanking him. After that I asked my father why he did that, and he started to tell me what a corpsman was and their relationship with Marines. That was the day I knew I wanted to be a Fleet Marine Force corpsman," said Kahler.

After finishing Mosinee High School in 2011 and graduating from University of Wisconsin- Stevens Point with an associate's degree in 2013, Kahler's followed his brother's lead.

His Navy career began that same year when assigned to U.S. Naval Hospital Rota, Spain.

"Navy Medicine has taken me around the world," related Kahler. "From being stationed in Rota, Spain and being able to travel all throughout Europe, deployed with a Marine Expeditionary Unit and made port calls in the Mediterranean Sea and the Middle East, and went on a (Marine Corps) Unit Deployment Program to Japan.

After starting his career in family medicine, Kahler became an emergency medical technician (EMT), working in an emergency room (ER) environment.

"From there I was a line corpsman and then a senior line corpsman (assigned with U.S. Marine Corps). I work in a clinic here, as assistant leading petty officer of Navy Medicine Readiness and Training Command Bremerton Detachment Puget Sound Naval Shipyard," Kahler said.

For his efforts at his current position, Kahler has recently been selected from amongst his colleagues as Sailor of the Quarter.

"It was an honor to be chosen amongst my peers, the second class petty officers at this command are very competitive," remarked Kahler.

In his relatively short career span of almost eight years there have been professional and personal challenges as well as rewarding moments.

"Personally one of the most difficult things that I have dealt with so far in my career has been responding to Sailors who have tried to take their own lives when I was an EMT and working in the ER. The most gratifying aspect of my career has been watching the corpsmen I've trained grow, from gaining warfare qualification(s), picking up rank, or watching them treat a patient. Being able to take a step back and see the progress they have made in their own lives," Kahler said.

Assigned to a Navy Medicine platform, Kahler has been an integral part of providing support to others in need, well before and on through the current pandemic.

"Being a part of Navy Medicine doesn't always mean that you will be taking care of active duty members. Our position here at NMRTC Bremerton is so important because we also take care of dependents of deployed active duty members. This is crucial because those deployed can have the peace of mind that someone is here looking after their family and can focus on their mission," explained Kahler.

With the Navy surgeon general priority on operational readiness, Navy Medicine's core mission is ensuring force medical readiness with a ready medical force. Kahler has continually contributed towards that requirement, including helping to stop the spread of COVID-19.

Yet his position now includes mentoring younger corpsmen to handle a host of overlapping responsibilities, especially saving lives in any scenario or situation.

"My duty has been to ensure that my Sailors are ready to leave this command with the knowledge and skills to go and be able to thrive on any platform in the Navy," stressed Kahler.

From that youngster in the fifth grade with aspirational dreams to a mature young man continuing to make those dreams come true, Kahler's career path has afforded him steady growth and the opportunity to contribute on a global basis providing patient-centered care to those in need. When asked what does being part of Navy Medicine mean to you, he replied, "It means being a part of something bigger than yourself and being a part of the greatest team in the world."

Purple Heart Reflections

[August 7, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- America's oldest military award, distinctive in its rarity, has been annually recognized since 1782.

On August 7, Purple Heart Recognition Day has significant meaning to Navy Medicine Readiness and Training Command (NMRTC) Bremerton with more than a few staff members receiving the medal in the line of duty.

Some of the Purple Heart recipients who were acknowledged for their valor when battered and bruised, but not beaten, include the following trio:

At Al Fallujah, Iraq in December, 2004, Hospital Corpsman 1st Class Richard Vaughn was concentrating on an insurgent prisoner and about to become a Purple Heart recipient.

Assigned to 1st Marine Division, 3rd Battalion, 5th Marine with Kilo Company, 2nd Platoon, 3rd Squadron, Vaughn, then a hospitalman, was involved in Operation Phantom Fury, a two month battle fought in the ravaged cityscape against a determined enemy.

Vaughn and a Marine from his squad were each escorting an insurgent from a dwelling across a courtyard when a sudden explosion brought a sudden rush of searing shrapnel, concussive noise and hot air filled with swirling debris.

"The whole place just seemed to blow up. I didn't know what it was and, to this day, still don't know what caused that blast. A hidden projectile? An improvised explosive device? An RPG?" related said Vaughn, currently assigned to the Mental Health Department as a Substance Abuse Rehabilitation Program (SARP) counselor.

“All I know is that at that time I had a hold of the insurgent in my right hand and was carrying my medical kit and weapon in my left. We were propelled forward. I didn’t let go of either the insurgent or my gear.”

Vaughn’s immediate attention centered on his Marine who sustained an injury to his leg from the blast that tore into his pants and severely injured the limb. There was still the responsibility to deliver the insurgents to their designated staging area.

“We got out of the courtyard, around the corner, and dropped off the prisoners. I then cleaned up the leg injury of my Marine and got him off to a Surgical Shock Trauma Platoon. We weren’t too far from that unit,” Vaughn said.

Vaughn then finally took a moment to examine himself.

“When the explosion went off, it felt like someone had taken a baseball bat to my left shoulder. There was numbness in my arm. I remember I could feel blood seeping down inside my uniform top. My Marines were on the radio all saying, ‘Doc Vaughn has been hit!’ But after I looked at myself, I thought it really wasn’t that bad. It really could have been a lot worse. To this day I have a hard time telling this, but it really was amazing that it wasn’t worse. I chalked it up to prayer that there was no gaping wound. Several weeks after I was asked about the injury and I said it was really nothing,” said Vaughn.

Upon returning to Camp Pendleton from deployment, Vaughn’s chain of command took exception to his own assessment. He was presented with the Purple Heart.

“Everyone was wounded to some degree in Fallujah, physically as well as mentally and emotionally. We lost a lot of Marines and the wounded were too many to count. I don’t think what I did was anything special. I was just doing what I had to do,” stated Vaughn.

His time spent in Al Fallujah had Vaughn also engaged in running firefights lasting three to four hours as his Marines were confronting a host of insurgents operating from rudimentary – but effective – tunnels and underground bunkers.

“We fought those guys. Our Marines were right there in those battles and it was rough. If I focus, I can still remember little details like sounds and smells and sights. When you spend seven months wondering if each new day might be your last, your attention to detail can be amazing,” Vaughn shared, adding that as harrowing as it was, there was a special affinity he felt for those he cared for as their ‘doc.’

Vaughn does get queried at times about his Purple Heart. His response is typically just one word that needs little elaboration.

“I usually just say ‘Fallujah,’ and that seems to be enough,” stated Vaughn. “There were a lot of Purple Hearts where I came from with 3rd Battalion, 5th Marine. Being included with them…I am humbled and honored to wear it.”

For Hospital Corpsman First Class Danrung Vanichkul, he was down to seven days and a wake-up remaining in his year-long 2008 Individual Augmentee deployment to Helmand Province, Afghanistan, when his immediate surroundings – as well as everything else - was completely blown apart.

His squad had followed intelligence reports of a concentration of Taliban insurgents gathered at a remote village.

“It was our job to head out to the area and clear them out of there,” said Vanichkul.

An ensuing firefight broke out that lasted more than three hours.

“We were fighting and they took off. We pursued them. It was during our chase that they got lucky.”

A concealed land mine placed by the retreating Taliban was stepped on by a squad member. The ensuing blast severely injured the Soldier and flung shrapnel into Vanichkul and lifted him meters off the ground.

“The guy was right beside me when the mine went off,” explained Vanichkul. “I was knocked unconscious.

When I came to, my first concern was automatically for my personnel."

Vanichkul's subsequent actions on the battlefield were the result of his prior training and continuous knowledge gained from already being part of approximately 200 combat operations before that day when attached to US Army Regional Police Advisory Command, Afghanistan Regional Security Integration Command (ARSIC) South.

"I don't remember how long I was knocked out but it wasn't long," said the Bangkok, Thailand native. "I do remember immediately wondering if everyone else was alright. When we are in a situation with actual wounded, that's when all the drills and training we do takes over our actions. There was no time to think or react, just to do what we do as a hospital corpsman."

"I've never had such an honor of presenting a medal of this magnitude. I'm just speechless and so proud," said Captain Mark Brouker, then Naval Hospital Bremerton commanding officer.

"We just don't think about ourselves in such a situation," Vanichkul remarked. "I guess it's the right medal for wrong timing. But I don't really deserve it."

Four years later in 2012 in the same province of southern Afghanistan, that harsh, unforgiving landscape came crashing into Hospital Corpsman First Class Edwardbrice Sablan.

Sablan was riding in a Mine Resistant Ambush Protected (MRAP) vehicle as part of an escort patrol in the war-torn Marjah region when a sudden blast tore into the undercarriage.

An estimated 200-pound improvised explosive device was detonated into the MRAP carrying members of the 2nd Battalion, 7th Marine Regiment.

Sablan, sitting directly behind the auxiliary driver, was knocked momentarily unconscious by the force of the explosion. When he came to amidst the aftermath of swirling smoke, choking dust and minimal visibility, his thoughts immediately went to the others.

"My concern was for my Marines. I was worried about everyone else. We all got knocked out, including the driver, gunner and other passengers. I instantly started assessing the others," said Sablan.

Everyone had cuts, minor lacerations, and bruises from debris and shrapnel, except the auxiliary driver. The explosion had severely injured his lower torso.

"I had to get him out right away. I pulled him out and stabilized his wounds as much as possible. We had set up a defensive posture, - there were potshots coming at us - and I protected and cared for him until the helo landed and transported him on to Camp Leatherneck," related Sablan.

It was after the deployment back at Twentynine Palms, California, that Sablan discovered he would be a recipient of the Purple Heart.

"I felt very undeserving compared to what others have gone through and then been presented the Purple Heart," Sablan said, adding that it wasn't until a senior hospital corpsman shared with him the real significance of being presented the medal.

"He said that that 'you're not wearing it for yourself. You're wearing it for all those who never made it back.' To have it explained like that meant a lot," explained Sablan.

When the device is formally worn, the Purple Heart features a profile of General George Washington, and above the heart appears a shield of the Washington coat of arms between sprays of Green leaves.

The reverse side has a raised bronze heart with the words 'For Military Merit' prominently featured.

It's that specific meaning that was the driving force behind commemorating August 7 as Purple Heart Day.

General George Washington created it on that day in 1782 as a military decoration presented to those wounded or killed while serving in the United States Armed Forces.

Candid Comments shared on choosing COVID-19 vaccine

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer, April 13, 2021 – These Sailors weren't stuck about getting stuck.

Unscripted candid comments – testimonials – were requested and Navy Medicine Readiness Training Unit (NMRTU) Everett Sailors replied.

Telling it like it is… Hospital Corpsman 2nd Class Kaleesha Ramos, from Tampa, Florida, assigned to Navy Medicine Readiness Training Unit Everett explains why she decided to get the Moderna COVID-19 vaccination during a recent Puget Sound Military Health System (PSMHS) video project. The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

As did other Sailors from across the Pacific Northwest recently for a Puget Sound Military Health System (PSMHS) video project.

The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine.

The filming is part of Defense Health Agency outreach communication efforts to promote efficacy, effectiveness and education of the COVID-19 vaccine, and allow service members to hear from their peers why they chose to be administered the available vaccine.

For Hospital Corpsman 2nd Class Kaleesha Ramos, advanced radiographic technologist from Tampa, Florida assigned to NMRTU Everett, it was an emotionally caring – and compassionate - decision.

"As a breast feeding mother of three and having two brothers with genetic disorders, I did it for my family, to keep them safe from this virus and help set the example to also keep my command safe," shared Ramos.

Hospitalman Samantha Miller, also from NMRTU Everett, initially balked but volunteered the second time around.

"I got it to be able to travel and visit family," said the Syracuse, New York native. "I also want to make my workplace safer."

NMRTU Everett, along with NMRTU Bangor and Navy Medicine Readiness Training Command (NMRTC) Bremerton Detachment Puget Sound Naval Shipyard, are satellite clinics of NMRTC Bremerton, providing patient-centered medical and dental care in the third largest fleet concentration in the U.S.

As of April 6, 2021, NMRTC Bremerton has provided 28,000 Moderna COVID-19 vaccine doses to critical national security assets, deploying forces and eligible beneficiaries in the greater Puget Sound area, excluding Whidbey Island.

With more on the way.

NMRTU Everett – like other military treatment facilities - has been on the giving and receiving end of the vaccination process.

"The new accepts came in waves. There was a wave after the first accepts got it and folks saw they were fine. Additionally, clinic leadership provided staff educational question and answer sessions, which included information about COVID-19, mRNA vaccines, and the Moderna clinical trial data.

Additionally, staff declinations were revisited at each opportunity for vaccination by Preventive Medicine staff to answer any further questions, which resulted in more accepts. Explaining the importance of being vaccinated was

addressed regularly from our quarters, during walk-arounds, and even during one-on-one conversations, all with the idea that it's okay to say no at this time, but here's more information on why it's important," said Rutledge.

Rutledge stressed that there has been no strong-armed tactics used to coerce anyone.

"Declinations were respected for their decision and not made to feel pressured. But communication did not stop and each additional mass vaccination held offered another opportunity to communicate the need," Rutledge said, also noting that clinic leadership and the NMRTC Bremerton's Preventive Medicine team routinely gauged interest and shared insight to debunk falsehoods and address circulating rumors.

Helping to keep the pandemic at bay… Hospitalman Kurt Rommel Libed, assigned to Navy Medicine Readiness Training Unit Everett, from the Philippines before relocating to Maui, Hawaii, explains why she decided to get the Moderna COVID-19 vaccination during a recent Puget Sound Military Health System (PSMHS) video project. The project was a combined effort from Madigan Army Medical Center, Naval Health Clinic Oak Harbor and Navy Medicine Readiness Training Command Bremerton. The premise focused on why service members chose to voluntarily get the COVID-19 vaccine (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Rutledge attests it was a challenge explaining the efficacy of the COVID-19 vaccine to some staff members. As an example, they heard about the expected, common side effects – soreness, redness and swelling on the arm receiving the dose, and on occasion fever, chills, headache and tiredness. Compared to the annual required influenza vaccination, that was different.

"The mounting clinical trial data and real world data over time have aided in sharing the effectiveness of the vaccine and the urgency to support," said Rutledge.

It has been gratifying for Rutledge to see clinic staff receive the vaccination to help stop the spread of COVID 19.

"A lot of the staff, including those who were reluctant to get the vaccine at first, became happy to have received it to protect not only themselves, but their loved ones and those around them in the community," exclaimed Rutledge. "Additionally, those staff members who have gotten the vaccine have expressed a willingness with decreased fear to get back out, see extended family and ultimately enjoy some resemblance of normalcy."

Watching the candid comments from clinic Sailors expressed during the PSMHS video filming for Rutledge and others encapsulated the educational awareness and supportive effort from the first vaccination opportunity in December to present day.

They were struck by the honest inflection in each staff member's remarks, from Ramos' emotional explanation to Miller's change of heart. It validated the care invested in each other.

"Being there for them meant not pressuring or scaring the members but respecting their decision either way. Emphasizing the voluntary nature of this process was important alongside the facts and empowering them to make the decision, not have the decision made for them, which often happens in military life," stressed Rutledge.

Volunteers from other Navy commands such as Carrier Strike Group 3, Submarine Group 9, and Naval Air Station Whidbey Island also shared, as did Air Force and Army personnel at Joint Base Lewis McChord.

According to compiled statistics from the Military Health System, it took 70 days for the Department of Defense to administer a million vaccines, half that time - 35 days - for the next million, and with more than a quarter of a million doses administered in the last eight days as of April 12, 2021, DoD is on track for administering the next million in 25-30 days.

Moreover, 83 percent of the vaccines from 350 DoD sites have been administered, above the national average of 77 percent. It is also estimated that more than 25 percent of the total force are now fully vaccinated. Approximately 2,313,600 total doses were provided, with 36.8 percent of service members receiving at least one dose.

Rear Adm. James A. Aiken, Commander, Carrier Strike Group Three, presented the Navy and Marine Corps Commendation Medal to several staff members of Navy Medicine Readiness Training Command (NMRTC) Bremerton for their COVID-19 vaccine efforts in the third largest fleet concentration area, May 13, 2021. Hospital Corpsman 1st Class James A. Gibbens was cited for meritorious service from December 2020 to May 2021 ensuring COVID19 vaccine inventory totaling 42,000 doses were properly managed in accordance with the strict guidelines, which included training eight petty officers on the proper handling of Moderna and Pfizer COVID-19 vaccine, He also coordinated mass vaccines for USS Nimitz (CVN 68) crewmembers, provided on-site expertise in vaccine management, patient flow and site selection, which set the standard for the shipboard vaccination (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Earthquake Exercise keeps the pressure on at Naval Hospital Bremerton

By Douglas H Stutz, NHB/NMRTC public affairs officer, July 15, 2021 -- It's a matter of when, not if.

Sitting astride a sizable fault line dissecting Puget Sound, Naval Hospital Bremerton (NHB) continues to prepare – structurally, organizationally, and now with and without pressure – to respond to any seismic activity impacting the area.

In conjunction with Citadel Rumble, an annual earthquake response exercise for Navy commands in the Pacific Northwest, NHB held Operation Black Wind to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks, July 15, 2021.

"Based on our current hazard vulnerability assessment, an earthquake is one of the most likely significant disasters to happen. This training scenario tests our response capabilities," said Terry Lerma, NHB medical treatment facility emergency manager. "Holding this exercise keeps us from being complacent, helps improve our muscle and mind memory to respond quickly, and we also get to work with our community partners and other first responders."

The scenario for Operation Black Wind unfolded with a sudden and significant seismic event occurring in the early summer afternoon.

Triage, treat and decontaminate… Hospital Corpsman 2nd Class Letesa Espina, assigned to Navy Medicine Readiness and Training Command Bremerton, and part of the command's Decontamination team, cares for a mock victim potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 15, 2021, to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Direction to DECON…Navy Medicine Readiness and Training Command Bremerton Decontamination (DECON) Team members assisted mock victims potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 15, 2021, to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

The earthquake, and resultant shock-wave, lasted approximately one minute. Staff, as well as patients and visitors, were immediately informed to 'drop, cover and hold' until the 'all clear' announcement was made.

Coincidentally – and just as unexpectedly - a number of active duty staff members suddenly became ill, possibly due to an overturned tanker truck transporting hazardous material on nearby State Highway 3, which spilled content on the immediate environment.

The sickened Sailors were at the command fitness facility and began complaining of respiratory difficulties, blurred vision, headaches and nausea.

"We had 12 Sailors exposed to some unknown natural or manmade liquid, solid, vapor, or gas. A hazardous material – HAZMAT – spill is dangerous. Once released from whatever and wherever, it is known to cause sickness, even possible death to humans and other animals, as well as damage the environment," Lerma said.

Past earthquakes exercises were scripted to develop teachable skills in handling such potential scenarios from mass casualty inbound to mass evacuation outbound. This time around, a unique twist was thrown into the mix. NHB's decontamination (DECON) team was activated to treat those exposed to the HAZMAT contaminant(s).

"It's imperative that protective measures and proper decontamination of patients exposed to chemical or biological agents occurs to safeguard them and avoid the risk of contaminating and exposing others," Lerma stressed.

The DECON team is responsible to triage, treat, and decontaminate actual and/or potential victims exposed to chemical, biological, radiological, nuclear and/or high explosive agents before they can enter the hospital. They do that by deploying the portable decontamination system, a specifically designed portable shower tent constructed along the lines of the assembly line principle. A suspected contaminated person enters one end and is taken through a series of cleaning and decontamination steps before coming out the other side.

"We have approximately 60 trained personnel on our DECON team, which give us the capability to set up and operate two systems, simultaneously if needed, to completely decontaminate patients exposed to a chemical, biological or radiological agent," explained Lerma. "Once the word was passed to activate, they are charged with getting to our DECON site, getting dressed in the hazardous waste operator suit, and setting up the DECON system. Our goal is to always be ready within 10 to 15 minutes when such an emergency arises to provide that vital layer of protection for the hospital and staff, and care for the patient."

During this exercise, when the DECON team set up their systems with the shower tent to begin the process of caring for the mock victims, there was no water. The well was

Donning and Doffing support…Hands on assistance putting on hazardous waste operator suits was part of the prep work for members of Navy Medicine Readiness and Training Command Bremerton's Decontamination Team called away to respond to a mock earthquake. By deploying a portable decontamination system, the team was able to assist mock victims potentially exposed to chemical, biological, radiological, nuclear and/or high explosive agent(s) during Operation Black Wind, an annual earthquake response exercise held July 16, 2021. The exercise provided the opportunity to assess how to cope and contend with a tremor and the possible hazards, potential casualties and probable aftershocks (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

dry. The hydrant (water) pressure on the compound had been lost due to the quake.

“No disaster ever goes according to plan. We wanted to test our team on how they dealt with this. Did they know to contact the incident commander and/or command duty officer to inform them of the catastrophic loss of water pressure? They did just that,” commented Lerma.

Navy Region Northwest Fire Department arrived on scene with Engine 63 to provide the needed water supply for the DECON team needs. There was approximately 750 gallons readily available.

“To our knowledge, this is the first time, at least at Navy Medicine commands, to have a fire engine pump hundreds of gallons of water to a DECON team to use in helping decontaminate patients. The cooperation and support from the Region fire department was integral and vital for success. We also got to determine how long the water supply lasted, and when to request additional support to replenish that fire engine from another source,” said Lerma.

Along with the Sailors exposed to some unknown HAZMAT agent, initial reports from the Rapid Emergency Action Plan team, comprised of Facilities department staff, also showed some structural damage. They also ensured that backup generator power was available if needed.

Navy Medicine supportive care for Alabama hospital caregivers

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer, Oct. 4, 2021 -- There's a hand-painted sign announcing 'Heroes Work Here' outside of Dale Medical Center in Ozark, Alabama.

The personalized statement is as much a reference to the over-worked staff as it is to the U.S. Navy Medicine team who deployed there in early September, 2021.

A active duty team of nurses, providers and hospital corpsmen has been sent into Alabama as part of continued Department of Defense COVID response operations in conjunction with Federal Emergency Management Agency (FEMA) to offer support to help deal with the spread of COVID.

"We're part of DoD's ongoing COVID operations to support FEMA and the state of Alabama," said Lt. Cmdr. Andrew Rutledge, the officer in charge of Navy Medicine Readiness and Training Unit Everett. "We're all proud to be part of the whole-of-government response and increase the medical capacity to care for COVID patients that have taxed local community assets."

According to local reports, hospitals throughout southwest Alabama are trying to accommodate providing care for patients beyond normal intensive care unit (ICU) capacity. Just two days before the Navy medicine team arrived, approximately 2,775 new patients were admitted for care across the state. Many of these hospitalizations are attributed to the Delta variant of the virus.

Vernon Johnson, Dale Medical Center chief executive officer, delivered a stark reminder on the current concerns of an overwhelmed staffing trying to stop the spread of the pandemic and deal with increased COVID cases.

"Now's not the time to have a heart attack or a major car wreck, or something serious because there is nowhere to

send you," said Johnson while addressing local media outlets.

The Navy medicine response team arrived Sept. 6, 2021 to relieve pressure on the hospital staff. There are 16 from Naval Medical Center San Diego, two from Navy Hospital Twentynine Palms, one from Naval Hospital Camp Pendleton and from NMRTC Bremerton; Lt. Cmdr. Andrew C. Rutledge, Lt. Candice Carter, Lt. Adeline Guina and Hospital Corpsman 2nd Class Tessa Hazard, one of two corpsmen with respiratory therapist expertise.

"Our job is to support FEMA and the state of Alabama to provide medical assets in the COVID response," said Rutledge, a 16-year Navy Medical Service Corps officer from Sarasota, Florida.

Rutledge, as Navy Medicine Readiness and Training Unit Everett officer in charge (OIC), is handling operations officer responsibilities to assist coordination of the daily operations for both military and community medical assets to ensure the mission is accomplished.

"I will assist the OIC in administrative and operational duties to maximize our clinical staff's proficiency in patient care," Rutledge said. "I'm thrilled to be supporting my fellow citizens and to help alleviate suffering from the pandemic."

Rutledge and others began their mission with a familiarization briefing to learn the local hospital guidelines and mission, background information and insight on the local surrounding community. Four days after their arrival, they began working side-by-side with their civilian colleagues.

Twelve hour days – at minimum – are now the norm for the team. They've been helping provide care for COVID and non-COVID cases in the ICU, multi service unit and emergency room. The ICU, being full, is the busiest. When a bed does open up, it is quickly filled. Dale Medical Center has all but rolled out the welcome mat in their appreciation for the DoD medical professionals.

"They have been outstanding and extremely thankful for our help. We are enjoying a lot of southern hospitality," said Rutledge, noting that all Navy personnel have been adaptable in fitting into their new working environment.

"Although not the same as where many of the team members come from, the Sailor's prior experiences in many different medical treatment facilities and deployments in unique environments over the years make adaptation more of the norm for us," Rutledge continued. "Many of the staff have been working at Dale Medical Center for 30 years or more. Our goal is to acclimate to their schedule and be like them as much as we can in how they support their community."

There are five military bases in Alabama, including Fort Rucker located in Dale County, but none belonging to the Department of the Navy. As such, the Navy uniform and insignia have caught the attention of the locals.

"When we have had the opportunity to have meals and such while in uniform in the local area, our staff have been well received and thanked for their service both for what they normally do and what they are doing today" said Rutledge. "In speaking with the manager at the Dairy King who noticed our uniforms, she commented her thanks and how folks in her town really need the help and how much it has affected the community,"

As in any deployment, there are some days which are more trying than others. For over a year and half, dealing with the pandemic has taxed many, if not all, in most clinical settings. Rutledge affirms he understands the adversity and complexity the Dale Medical Center staff has had to handle, yet still they persevere in caring for those in need.

"Seeing the loss that many of the local staff have had to endure these past 18 months, and the challenge ahead in preventing more has been difficult for them," observed Rutledge, adding that it has been gratifying to see Navy medicine working well alongside the hospital and "strong Alabama National Guard support."

The Navy medicine team's mission is open-ended with no definitive end date.

Yet.

"Our team is very honored, humbled and we're excited to be part of this holistic approach to responding to the crisis. We look forward to working alongside the Dale Medical Center staff, providing medical support and treatment to our fellow Americans in this local community during this time of need," said Cmdr. Maggie Parks, Naval Medical Center San Diego Industrial Hygiene department head, and team lead.

Weathering the Double Whammy—Influenza and COVID

Clinical care, compassion and competence… NHB/NMRTC Bremerton's Immunization Clinic staff, such as and other offers service such as Hospitalman Justmin Lambatin routinely provide patient-centered support with the administration of vaccines – from influenza to COVID-19 - injectable contraceptives, and prescribed injectable medicines, along with offering PPD testing for active duty and drilling reservists, all enrolled beneficiaries, regardless of age, and civil service staff requiring work-related vaccines, Monday to Friday, 8 a.m. to 4

Preventing viral spread…Hospital Corpsman 3rd Class Mae L. Larimer, assigned to Navy Medicine Readiness Training Unit Bangor helps patients and visitors at the medical clinic to daily mitigate any potential spread of the ongoing pandemic outbreak as well as seasonal influenza virus. In accordance with Centers for Disease Control and Prevention, one of the most effective mitigation measures is hand washing. Other effective methods include anyone to avoid touching their eyes, nose and mouth with unwashed hands; avoid close contact with sick people and maintain social distancing of at least six feet; cover cough/sneezes and discard used tissues and wash hands immediately afterwards; cover the nose and mouth with a face mask when around others; and clean/disinfect frequently touched surfaces at least daily (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Corpsman support for those Gone but never Forgotten

Lending a hand… Chief Hospital Corpsman Piotor Juchniewicz (second from left) takes part in a dig site in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. He served as an independent provider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969 (courtesy photo).

[June 14, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- There's a small, immaculate, reserved dining table in Naval Hospital Bremerton's Terrace Dining Facility.

It symbolically offers a place setting for one, and a table for all.

The POW/MIA table has been a tradition in honor of America's prisoners of war and those missing in action since the end of the Vietnam War.

Chief Hospital Corpsman Piotor Juchniewicz has been in formal dedications during his career recognizing POW/MIAs, but never on such a mission which he recently participated in to help find those gone but not forgotten.

Juchniewicz, born in Poland and raised in Seymour, Conn., served as independent provider for Recovery Team 2 during the 142nd Joint Field Activity (JFA), Mission 21-2VN, in the Socialist Republic of Vietnam, Feb. 21 to April 18, 2021.

"I have taken part in previous ceremonies such as the Hospital Corps Ball and Marine Corps Ball honoring our missing service members and have reflected about helping bring a missing in action servicemember home to be able to sit at that table," said Juchniewicz, chosen for his independent duty corpsman skills to support the Defense POW/MIA Accounting Agency (DPAA) mission.

Juchniewicz found himself in the central Vietnam province of Quang Nam, approximately three hours southwest from the sizable coastal city of Da Nang. The rolling hills and valleys were a backdrop for ground as well as air combat during the Vietnam War. It was there, amidst tropical jungle terrain and rugged mountain setting where search efforts were conducted for a helo pilot missing since 1969.

“It had already been determined that there was a particular area to look. We had dig sites on an eroding cliff-face, which was not easy, and in the surrounding jungle and river valley,” explained Juchniewicz.

Although Juchniewicz was intricately involved in actual recovery efforts for the missing servicemember, his primary duty was ensuring the medical health and well-being of the team.

“We were in an austere environment. It was always hot, so monitoring potential heat casualties was paramount. There were snakes, leeches, killer [giant murder] hornets. We had torrential downpours a few times. Did a lot of PMT – preventive medicine technician – duty for hygiene, field sanitation, and also established a MEDEVAC [medical evacuation] plan, which wasn’t easy because the only flat enough area was up the side of a mountain. Getting there was a challenge enough. Hauling a person up in a stretcher was very strenuous,” Juchniewicz said.

According to U.S. Marine Corps Capt. Paul R. Johnson, Recovery Team leader, Juchniewicz’s leadership, experience and attention to detail made him an invaluable asset.

“His ability to simultaneously manage numerous environmental risks such as gastrointestinal and musculoskeletal issues, heat considerations and wildlife threats is a testament to his professional competence,” wrote Johnson.

The team was led by a DPAA forensic anthropologist Katie Rubin who took the mission lead at the site in setting up the coordinates and leading the team in their daily responsibilities.

“Even before the test sites to search were set up, a few EOD [explosive ordnance disposal] techs would go through the area to make sure it was safe, flag anything of possible worth, and make sure there was no unexploded ordnance or ammo,” said Juchniewicz.

If there was any hits – old fragments, expended munitions, wreckage remains – a test site such as a 4 (foot) by four grid would be established and workers would dig into that specific area. The dirt would be excavated and screened for any possible evidence of human remains.

“We would work the day shifts digging and then sifting through the dirt. We all did the same work as our Vietnamese counterparts and the 90-plus locals who were also there to assist. There were some debris found,” related Juchniewicz.

“The locals were great. Very helpful and really an integral part of the mission. Just talking, laughing and smiling with them was a great experience,” added Juchniewicz.

Juchniewicz was cited for his contributions on the joint recovery team.

‘He has now set the standard what is expected from our future medical personnel. All medical issues that arose during the mission were handled decisively and effectively resulting in minimal lost time for team members. His work ethic and initiative significantly contributed to the team’s mission accomplishment. His positive attitude and unwavering commitment to the mission helped facilitate the strong partnership between 15 U.S. personnel, nine Vietnamese officials and local workers. His physical and mental endurance were great assets when conducting excavations in arduous conditions in an austere environment. His efforts ensured that DPAA made great strides in obtaining the fullest possible accounting of U.S. military personnel who remained unaccounted,” noted Johnson.

As of Memorial Day, it is estimated that there are more than 38,000 Americans unaccounted for who have been deemed recoverable, dating back to World War Two up to Operation Iraqi Freedom.

In fiscal year 2020, 120 former missing personnel were recovered, with 82 from the Second World War, 36 from the Korean War and two from the Vietnam War. In this fiscal year, with travel still impacted worldwide by the pandemic, DPAA has still accounted for 94 missing service members.

I Am Navy Medicine, and Sailor of the Quarter, HM2 Alexis Delapaz

[June 14, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- It's not as if Hospital Corpsman 2nd Class Alexis Delapaz had to slow down to be recognized by her command.

If anything, being selected as Sailor of the Quarter for Naval Medicine Readiness Training Command (NMRTC) Bremerton meant the award had some catching up to do.

"I was completely surprised when I was selected. I was genuinely humbled. Before the announcement, my chief called to see if I can stop by the lab after taking my son to his well-baby appointment. The CMC [command master chief] was waiting patiently and announced the selection in the lab with my co-workers and friends,' related Delapaz, acknowledging that there is some significance to being selected.

"This selection is important because I wanted to represent my division to the best of my abilities," continued Delapaz. "I wanted my junior sailors to know that our hard work is relevant especially during this pandemic. Their contribution is significant, and we are being recognized for it."

Delapaz, originally from Baguio City, Philippines before immigrating to the U.S. at age 15, calls Pensacola, Florida home. Once high school was completed, she worked several jobs, but none that provided a sense of purpose. Attending college for nursing always seemed to be put on hold. Yet after her first son was born, she made the decision to join the Navy with the intention of becoming a hospital corpsman.

"I wanted to be a good role model for him and I wanted to make sure he had a bright future ahead of him. What better way to 'accelerate my life' than to join the US Navy? I have been interested in the health care field since childhood," said Delapaz, who has also added an associate's degree from George Washington University and is currently working on Bachelor's in Clinical Lab Science through Thomas Edison State University.

She joined the Navy in 2011. As a medical laboratory technician since 2013, her first duty station was at Naval Medical Center San Diego in transfusion services – Blood Bank – for four years. She is currently work center supervisor for NMRTC Bremerton's Laboratory department.

Navy Medicine has taken her to Chicago, Illinois, San Antonio, Texas, San Diego, California and currently to Bremerton, Washington.

"It is not so much as where Navy Medicine has taken me physically but where has Navy Medicine taken me in life and how it has improved me overall as a person," explained Delapaz. "Navy Medicine challenged me and gave me extensive training in a career field that I can take with me on the civilian side and it gave me leadership skills and experience that I can even apply to my personal life."

After primarily concentrating on blood banking at her previous command, she is now involved in every aspect of her command's lab.

"I am so thankful. There's so much that I have learned. Work is never boring. We get to work in phlebotomy, specimen processing, blood bank, hematology, coagulation studies, urinalysis, chemistry, and perform rapid microbiology tests. We learn from our quality assurance and receive histology and cytology specimens. I love learning from my lab supervisors, leaders, and especially my junior sailors. I also enjoy teaching our new techs. It is such a good feeling to see our new techs build their confidence in the lab," Delapaz said.

Delapaz affirms that her lab was, if anything, ever busier over the last year due to the ongoing pandemic. Guidelines were constantly evolving. The need for flexibility was constant. Accurate and timely results were paramount.

"Knowing our role and doing our part is so important. It's like an engine. If one part is not functioning properly,

it affects the overall engine's performance," described Delapaz.

Delapaz's effort, along with the rest of the lab team, ensure a ready medical force supporting a medically ready force in alignment with the Navy surgeon general's priority on operational readiness.

Numbers alone help tell part of such continual fleet support efforts. The Core Lab, Hematology, Urinalysis, Coagulation, Blood Bank, Point of Care Testing, Microbiology, Cytology/Histology did approximately 699,500 tests for 2020, with another 79,400 tests done at branch health clinics located at Naval Base Bangor, Naval Station Everett and Puget Sound Naval Shipyard.

The lab also helped develop large unit collection and processing procedures for COVID testing, which included the collection of approximately 3,200 specimens from USS Nimitz (CVN 68), along with processing, shipment, testing and subsequent follow-up reporting. Similar efforts were done for other local commands centered in the third largest fleet concentration.

"The lab processed thousands of tests for our military members and our families, including COVID-19 and other lab tests required for operational readiness. Having these tests completed in a timely manner ensures that we always have a ready medical force. As a Sailor, we always have to be medically ready to deploy. As a lab tech, we always have to be up to date with training and knowing how to do our job well, in case of deployment," noted Delapaz.

When asked to sum her experience with Navy Medicine in one sentence, Delapaz replied, "Working in Navy Medicine is a tough job, but at the same time it can be very rewarding."

'I am Navy Medicine – and Laboratory Technician – HM1 KC Geisler'

[April 21, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 1st Class KC Geisler entered the Navy in 2002, his plan was to assist in detecting and neutralizing underwater mines.

The Henderson, Nevada native is still distinguishing and deactivating hidden dangers, albeit in a different, yet perhaps even more crucial, working environment.

Geisler is the leading petty officer of Navy Medicine Readiness and Training Command (NMRTC) Bremerton's Laboratory Department, which has been pivotal throughout the past year in helping to eliminate the pandemic.

For Geisler and the entire Lab team, their work continues unabated even during the annual recognition event of Medical Laboratory Professionals Week, held this year April 18-24, 2021.

"The laboratory became the gateway of all COVID-19 testing in our immediate region. The laboratory had to step up and tackle the pandemic head on with no reduction in schedules. When USS Nimitz (CVN 68) was tasked to deploy last year, all of our staff came in over the weekend

to order over 4,000 COVID-19 diagnostic tests, coordinate logistics, processing, shipping and DoD testing to support getting the carrier underway for deployment as scheduled," Geisler said.

Lab staff also took part in providing approximately 5,750 COVID swab tests for Marine Corps Security Force Battalion, Bangor and approximately 4,250 COVID swab tests for Submarine Group Nine commands.

"When we receive the COVID samples we have to make sure that the sample is correct and acceptable for testing before tested or sent for reference studies. Our microbiology bench received and validated four FDA approved infectious disease diagnostic analyzers to test COVID-19 and respiratory panels as well as another molecular testing system that can handle 400 COVID tests a day. With the implementation of those analyzers, the wait time for COVID-19 results went from three to seven days to mere hours. The efforts of the lab have helped to identify patients that have been infected with COVID-19, which has been instrumental in the care and further precautions to stop the spread of COVID-19," explained Geisler, a Hardin High School 1997 graduate, George Washington University alumnus with an Associate in Science 2007 degree and a Trident International graduate with his Bachelors in Health Care Administration in 2017.

Geisler joined the Navy in 2002 as a mineman.

"Which is a really small rate [approximately 300-600 Sailors] that few people know about. The rate is a jack of all trades. You are a gunner's mate, master at arms, quartermaster, operations specialist, and a boatswain's mate all rolled up into one," said Geisler, who was assigned to USS Defender (MCM 2) and USS Warrior (MCM 10) both with U.S. Pacific Fleet.

"MCM class ships are made of wood and fiberglass so that the hull can flex during an explosion set off by a sea mine," added Geisler. "It had a crew of only 70 people so everyone had to be familiar with how the ship ran. It was a lot of work but it was a lot of fun at the same time."

It was when Geisler started working with the ship's Surface Independent Duty Corpsman that the urge to switch to a career in Navy Medicine took hold.

“I wasn’t happy with what I was doing. I wanted to do more. I learned how to take care of medical records, perform minor medical procedures and health inspections,” recalled Geisler, adding that he also became aware that as a mineman there really wasn’t a lot of similar civilian occupations, but the medical field offered a wide range of job opportunities.

After Hospital Corpsman ‘A’ School, he then attended Advanced Laboratory School for 13 months, which is where he also earned his associates degree, along with a national certification from the American Society of Clinical Pathologists. He also received a $45,000 reenlistment bonus.

Navy Medicine has taken Geisler to the far side of the Pacific, for a tour at U.S. Naval Hospital Okinawa, Japan as the Blood Bank Supervisor from 2007-2010.

“I had a blast. If you’ve never been to Okinawa, it is one of the best duty stations out there! There is a lot to see and do and the Okinawans are really friendly,” related Geisler.

After Okinawa he transferred to Naval Branch Health Clinic Fallon, Nevada, home of Top Gun Naval Aviation School as the clinic/lab leading petty officer. After three years there, he relocated to the Pacific Northwest, initially at Branch Health Clinic Puget Sound Naval Shipyard before his current duty assignment.

When asked what’s been the best part of his Navy career, Geisler replied, “Definitely has got to be the people that I meet. It is never about the duty station that you go to. It’s all about the relationships that you build with the people you work with that really matters. In the laboratory we are a family. People that join the Navy – or any other service branch for that matter - typically are not in close proximity to their families. So we adopt each other and take care of one another.”

For Geisler, being part of Navy Medicine has presented an opportunity to continue to challenge himself personally and professionally. His co-workers count on him. His young Sailors appreciate his guidance. Yet to most, if not all, patients, he’s a behind-the-scenes expert committed to processing accurate and timely test results for each one.

“I like to know that I am taking care of our service members, as well as their families,” stated Geisler.

Care during COVID-19: Pharmacy Techs recognized for All Star contributions

[April 16, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When the Navy’s COVID-19 Pharmacy All-Star Spotlight came out in March, 2021, the publication showcased a host of pharmacy technicians in a number of categories.

All of them were nominated by their respective commands for demonstrating what it meant to be resilient, compassionate, dependable and innovative during the pandemic.

HM1 Cyrus Cunningham was a ‘Rockstar Lead’ award recipient, nominated for demonstrating resiliency, dependability and innovative during the pandemic. (Official Navy photo)

Navy Medicine Readiness Training Command (NMRTC) Bremerton had five staff members featured.

From Navy Medicine Readiness Training Unit (NMRTU) Everett, there was Hospital Corpsman 1st Class Cyrus Cunningham, ‘The Rockstar Lead’ award recipient; Hospital Corpsman 3rd Class Crystal Zamora, ‘The Pursuit of Wellness’ award recipient; and Hospitalman Jessica Moilanen, ‘All Star Tech’ award recipient. From NMRTC Bremerton, Mr. Edward Schulz, ‘The Rockstar Lead’ award recipient; and from NMRTU Bangor, currently at Expeditionary Medical Clinic Isa Air Base, Bahrain, HM1 Benjamin Chapin, ‘The Go Getter’ award recipient.

Lt. Courtney Rafferty submitted Cunningham for the ‘The Rockstar Lead’ award, as one who demonstrated resiliency and showed compassion, direction, and encouragement of their staff, such as encouraging flexible scheduling, being sensitive to personal demands, and prioritizing mentorship.

“NMRTU Everett Pharmacy team, led by Cunningham, anticipated and proactively engaged in shaping policies and procedures early in the pandemic that were critical to protecting patients and staff members. Within weeks, the Pharmacy team closed the very small waiting area and worked closely with base leadership to develop infrastructure, resources and technology to support a fully operational Pharmacy drive-through and curbside pick-up,” wrote Rafferty, also adding that Cunningham implemented new technology to enhance patient experience and help increase overall improved efficiency.

Zamora was nominated for the ‘Pursuit of Wellness’ award by Rafferty, given to those who prioritized well-being efforts throughout the past months and implementing new ways to reduce workplace burnout, chaos and stress.

“During the pandemic, Zamora organized a running team for the Pharmacy, contributing over 225 miles, responsible for one of the highest mileage achievements for the Run Across America Challenge, which resulted in special liberty for all six active duty Sailors on the Pharmacy team. Zamora further reduced stress and workload burden on other members of her Pharmacy team by ensuring an uninterrupted supply chain despite budget restrictions and unexpected staffing shortages. Her can-do spirit and non-stop work ethic in addition to her passion for health and wellness motivated other team members and allowed the NMRTU Pharmacy to deliver uninterrupted care to our entire active duty and retiree patient population safely during a highly stressful period of time,” described Rafferty.

In her submission for Moilanen as ‘All-Star Tech’ award, Rafferty wrote in part, “Moilanen is the true definition of Pharmacy All Star Tech. She seamlessly helps handle over 100 phone calls daily, fills and processes prescriptions all while helping run the drive through pharmacy. She is adept at identifying and solving problems before they propagate. She has an effusive customer service attitude and is truly a credit to the Navy Pharmacy team.”

Schulz was also a ‘Rockstar Lead’ nominee, put in by HM1 Michael LaPenna, NMRTC Bremerton’s Main Pharmacy lead petty officer. “Mr. Larry Schulz is a phenomenal lead technician! He provided the daily guidance and assignment for technicians to maintain the continuity of daily operations while providing high quality of services for our beneficiaries. During the pandemic, he created alternate department schedules that adhered to command policy of ‘social distancing" while still maintaining the appropriate manning for support command's mission in providing quality patient care.’”

The ‘Go Getter’ award was for those going above and beyond to support their colleagues and patients during the pandemic.

In nominating Chapin, Chief Hospital Corpsman Jose Naranjilla wrote, “As the leading petty officer and sole pharmacy technician assigned to Expeditionary Medical Clinic Isa Air Base, Bahrain, HM1 Chapin leads his team of Sailors and soldiers supporting approximately 1,600 forward deployed joint service warfighters. At the forefront of the U.S. Naval Forces Central Command COVID-19 inoculation plan, he coordinated, tracked, and reported the vaccination of 346 service members and base employees across 14 tenant commands.”

Capt. Brandon Hardin, BUMED Pharmacy Specialty Leader, congratulated all nominees. “I want to thank each and everyone one of you for all you have been able to accomplish during such a challenging moment in history. Your support of and dedication to this community has been crucial to the superior care we have delivered throughout the COVID-19 pandemic. You have demonstrated what it means to be resilient, compassionate, dependable, and innovative in the face of uncertainty,” stated Hardin.

Reflections, Respect on Clinic Namesake

[March 15, 2021] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Navy Hospital Corpsman 2nd Class David R. Ray would have been 76 years old this year.

The Congressional Medal of Honor recipient (posthumously) and namesake of Navy Medicine Readiness and Training Unit (NMRTU) Everett was killed in action - a lifetime ago - for his actions at Phu Loc 6 near An Hoa in Quang Nam Province, Republic of Vietnam, on March 19, 1969.

Gone but never forgotten.

From that fateful day 52 years ago, the legacy of the man is embodied by staff at NMRTU Everett, located within the David R. Ray Branch Medical Clinic, caring for eligible beneficiaries in the greater Naval Station Everett area.

For hospital corpsman stationed at the clinic, there is symbolic significance following in such hallowed footsteps.

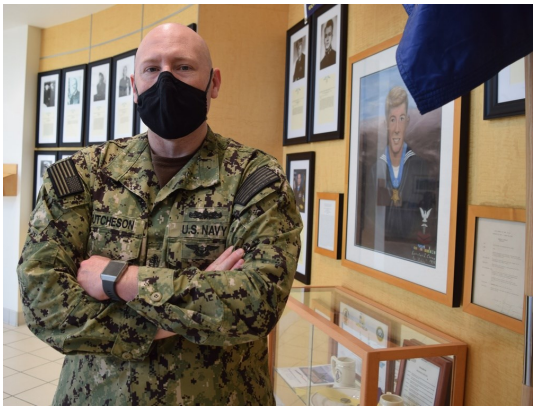
“I find it very significant to work anywhere named after someone who came before. There is a lot of pride knowing you represent someone who made the highest sacrifice for our country, and seeing their picture and citation every day as you walk in,” said Hospital Corpsman 2nd Class Emilio Alejandro Lugo, a Poulsbo, Washington native who has been assigned to the clinic for two of his eight years in the Navy.

“It is very significant to work within a facility named after a hospital corpsman who’s a Medal of Honor recipient, as it sets the highest standard while wearing the cloth of our nation and assisting those in need of healthcare,” added Hospital Corpsman 3rd Class Crystal Jeanette Zamora, from Douglas, Arizona, who has been stationed at the clinic for three of her four years in the Navy.

The high regard that the clinic Sailors have for Ray has even become a mobile form of respect, venturing far beyond the clinic. The command’s guidon has become an emblematic source of pride and esprit de corps for staff members, especially during the ongoing pandemic and helping to stop the spread of COVID-19. Through rain and snow, in urban and rural backdrops, at work and off duty, clinic corpsmen have carried and displayed the guidon.

“The outings with the guidon enable us to show these incredible characteristics off with great pride, honor, and commitment that will encourage us to carry on such a legacy,” exclaimed Zamora. “This sentiment is significant and noteworthy in a way that demonstrates the bravery, selflessness, and act of heroism shown by HM2 David R. Ray.”

Chief Hospital Corpsman Sam Hutcheson affirms that NMRTU Everett Sailors taking the David R. Ray guidon on various outings is a notable way to show HM2 Ray’s memory is still alive.



“I am really blessed to be surrounded by so many talented and motivated Sailors. The level of creativity that went into the preparation and execution of demonstrating the pride and admiration that we have for David R. Ray was next level. To be able to get out into our surrounding areas, through various weather conditions and take a moment to reflect on his sacrifices, is the very least we could do for a hero who gave the ultimate sacrifice for his country and his comrades in arms. His legacy lives on through these sailors. They take tremendous pride in knowing that,” stressed Hutcheson, from Gainesville, Florida, who has been at the clinic for three of his 23 active duty years.

“It shows the value in honoring the legacies of those who have gone before. Going out with the guidon is significantly better

than just a cake or something because we aren't just getting something out of it. We're going out in what many people consider less than ideal weather while upholding Navy core values to show a commitment to honor," Lugo said, readily acknowledging that the Navy Hospital Corps rate is known for putting service before self, and that very notion – exemplified by David R Ray – is inspirational.

"I chose this rate because of that legacy," continued Lugo. "When people ask what it is I do in the Navy, I love being able to say I'm a corpsman. Every veteran knows what a corpsman is, what we do, and the legacies that we are willing to live up to. That legacy is also a great motivational tool that require us to put in a bit more work. We're the most decorated rate in the Navy for a reason."

Zamora attests the legacy of service before self inspires her.

"It motivates me to do everything in my power to assist those in need and assist my fellow Sailors around me. I'm inspired to be selfless and always caring as HM2 David R. Ray was. I hope these characteristics are passed on, and have such an effect and purpose on future hospital corpsmen," said Zamora.

As a senior enlisted leader, Hutcheson candidly states that putting service before self has been the standard since the inception of the Navy Hospital Corps, with Ray the epitome of that trait.

"Read his citation of action and try not getting motivated, I dare you. Everything is about perspective. When you think you're having a rough day, just thinking about being under enemy fire and still going from parapet to parapet tending to wounded Marines while being injured, helps bring everything into focus," explained Hutcheson.

When asked how would you respond to someone with no real knowledge about the Navy who is curious enough to ask, 'who was HM2 David R. Ray,' Lugo replied, "Beyond a Medal of Honor recipient, he was a kid from Tennessee who died putting the welfare of the Marines under his charge ahead of his own. Because of him, someone else's son was able to come home from the jungles of Vietnam during a time when military service wasn't voluntary. Neither of them may have wanted to be there, and both of them could have potentially died out there, but because of HM2 Ray's sacrifice, at least one of them came back. Now, he inspires future generations of hospital corpsmen to uphold that same level of fidelity during the most difficult of times."

Asked the same question, Zamora answered, "the hospital corpsman rate is one of the most honorable and decorated rates in the United States Navy. David R. Ray resembles the exact reason for this, as he risked his life beyond the call of duty, rendering aid to his Marines and portraying acts of heroism by sacrificing his own life for a patient, all while being wounded himself. It is this legacy and inspiration that make being a hospital corpsman so honorable, rewarding, and selfless."

"For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty while serving as a HM2 with Battery D, 2d Battalion, at Phu Loc 6, near An Hoa. During the early morning hours, an estimated battalion-sized enemy force launched a determined assault against the battery's position, and succeeded in effecting a penetration of the barbed-wire perimeter. The initial burst of enemy fire caused numerous casualties among the marines who had immediately manned their howitzers during the rocket and mortar attack. Undaunted by the intense hostile fire, HM2 Ray moved from parapet to parapet, rendering emergency medical treatment to the wounded. Although seriously wounded himself while administering first aid to a marine casualty, he refused medical aid and continued his lifesaving efforts. While he was bandaging and attempting to comfort another wounded marine, HM2 Ray was forced to battle two enemy soldiers who attacked his position, personally killing one and wounding the other. Rapidly losing his strength as a result of his severe wounds, he nonetheless managed to move through the hail of enemy fire to other casualties. Once again, he was faced with the intense fire of oncoming enemy troops and, despite the grave personal danger and insurmountable odds, succeeded in treating the wounded and holding off the enemy until he ran out of ammunition, at which time he sustained fatal wounds. HM2 Ray's final act of heroism was to protect the patient he was treating. He threw himself upon the wounded marine, thus saving the man's life when an enemy grenade exploded nearby. By his determined and persevering actions, courageous spirit, and selfless devotion to the welfare of his marine comrades, HM2 Ray served to inspire the men of Battery D to heroic efforts in defeating the enemy. His conduct throughout was in keeping with the finest traditions of the U.S. Naval Service."

"As a hospital corpsman, you are always very aware of the legacy that has been paved before your time. To be able to work in a facility named after one of the 23 hospital corpsman Medal of Honor recipients is a real honor and also very humbling," stated Hutcheson.

From Kitsap to Kandahar and Back Again

[January 15, 2021] The weathered block of wood, little more a worn signpost, was a stark reminder that home was more than 6,900 miles away.

It withstood battering from the elements, survived Taliban rocket attacks, and endured turbulent winds of change.

It became hardened and toughened.

As the men and women from Naval Hospital Bremerton (NHB) also did during their time deployed those thousands of miles away in southern Afghanistan.

The faded marker has finally returned home, along with all NHB staff members from down range.

For over a decade, a steady stream of Navy Medicine personnel have manned the NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Airfield (KAF), Afghanistan.

The worn signpost was a stark reminder that it's 6,933 miles from Naval Hospital Bremerton (NHB) to the NATO Role 3 Multinational Medical Unit (MMU) at Kandahar Airfield (KAF), Afghanistan, where Navy Medicine personnel, including approximately 135 staff members from NHB, deployed serving at what was the Navy's longest serving combat casualty hospital from 2009 to 2020. Hospital Corpsman 1st Class Isaac Kargbo was in his second tour at NHB when he deployed down range from October, 2019 to June, 2020, serving as the leading petty officer for the Radiology Department. Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided by staff like Kargbo to those in need, many also far from home. The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home. That old worn signpost made it back, too. As did Kargbo and every other battle-tested man and woman from Naval Hospital Bremerton (Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer)

They provided sustained trauma and casualty care during Operation Enduring Freedom, the U.S.-led response for the global war on terrorism targeting Al Qaeda and Taliban in Afghanistan.

They did the same supporting Operation Freedom's Sentinel and Resolute Support Mission, both NATO-led missions to train, advise and assist the Afghan National Defense and Security Forces and institutions, as well as conduct counterterrorism operations in the country.

The initial Navy rotation – dubbed Bravo - took command in 2009. The 22nd and last rotation – designated Whiskey – turned over MMU responsibility September, 2020. Thus concluded more than ten years deployed in the war-ravaged country at what was the Navy's longest serving combat casualty hospital.

Over the years under Navy leadership, NHB sent approximately 135 staff members to support the mission, with everyone returning.

For Senior Chief Hospital Corpsman Cameron Wink, the last Navy command senior enlisted (CSEA) leader at the MMU, his time there provided a symbolic career contrast, from being amongst the first in one combat zone to then one of the last out in another theater of war.

Wink was at the forefront in 2003 with the Marines 1st Light Armored Reconnaissance Battalion on the opening days of Operation Iraqi Freedom (OIF), which took him on the initial push north from Kuwait up to Saddam Hussein's home town of Tikrit.

His time down range had him metaphorically helping to close the door and hand over the key after a job well done.

"Being the CSEA, it was a phenomenal experience. Working with NATO and joint services to provide the absolute 'best care, anywhere' was definitely a highlight

Senior Chief Hospital Corpsman Cameron Wink (right) the last Navy command senior enlisted leader at the NATO Role 3 Multinational Medical Unit at Kandahar Air Field is joined by Senior Chief Hospital Corpsman Melvin Atangan to display the Navy's Chief Petty Officer flag in an impromptu photo opportunity in front of Kandahar Airfield, Afghanistan in 2020. Both were assigned to the Navy's 22nd and last rotation – designated Whiskey – which turned over MMU responsibility September, 2020, concluding more than ten years deployed in the war-ravaged country at what was the Navy's longest serving combat casualty hospital. (courtesy photo).

of my career! We had an amazing team," said Wink, candidly adding that there really was no resemblance to his time during the early days of OIF.

"No comparison. The Role 3 was such an amazing facility the Navy has owned! The best part was the team work. We took Sailors from 16 active duty commands and 32 Navy operational support centers and they all came together, even during COVID-19, to perform the way they did. It was amazing," exclaimed Wink.

Prior to the Navy, the KAF medical facility served as a central casualty receiving location for NATO forces beginning in 2002. The U.S. Army ran a combat support hospital until 2006, when Canada took responsibility as lead nation for the facility that was updated to Role 3 capability.

The term 'Role' describes the tiers in which medical support is organized, with Role 3 describing the capabilities of a theater-level hospital. During the Navy's deployment, the Role 3 MMU included capabilities such as specialist diagnostic resources, specialist surgical and medical capabilities, preventive medicine, food inspection, dentistry, and operational stress management teams.

Added Note: Role 1 refers to emergency medical care in the field, historically handled by independent duty corpsmen. Role 2 has been traditionally defined as a battalion aid station, where the wounded are linked up with a nurse and physician in the chain of evacuation. Landstuhl is the largest American hospital outside the United States and an example of a Role 4 facility. Role 5 sites are rehabilitation facilities stateside such as Walter Reed National Military Medical Center.

Navy Hospital Corpsman Chief Julie Sanchez had the unique experience of receiving her chief petty officer (CPO) anchors when deployed in 2009 to the Canadian-led Role 3 MMU. She became part of a truly joint medical command environment with personnel from Australia, Britain, Denmark, The Netherlands, New Zealand, and U.S. Army and Air Force assets.

The CPO Induction process was added to Sanchez's already long-day duties as shift supervisor for the Primary Care clinic and as a member of the first trauma team established for urgent surgical needs. The hospital and clinic were both in tents located next to the deafening, non-stop flight line for quick receiving of inbound critically wounded and also to transport patients out of theater via medical evacuation.

KAF, located approximately 10 miles from Kandahar, the second largest city in the country, had become a vitally important NATO air base for conducting operations in the south and east of the country against the Taliban.

"A normal day was to expect any number of traumas (cases) flown in from all over southern Afghanistan," said Sanchez. "As a trauma team member, I helped to handle and treat a lot of critically wounded combat casualties that are mostly from blast injuries and gunshot wounds."

When recently asked on her experiences during that bygone deployment, Sanchez replied, "What was most gratifying was saving as many lives as we possibly could. Navy Medicine was huge in supporting the Global War on Terrorism."

The early years of the Role 3 MMU under Navy leadership continued the crucial responsibility of handling devastating injuries at what became one of the busiest trauma centers in the world.

Compiled data from those early years show the Canadian era from 2006 to 2009 – 44 months – cared for 4,134 patients and did 6,735 procedures. From the middle of October, 2009 to the end of April, 2012, the Navy – active duty and reserve components - treated approximately 2,100 patients per year.

In 2011, a trio of Sailors from NHB were recognized, back-to-back-to-back, as junior service member(s) of the month for their efforts.

Chief Hospital Corpsman selectee Bryce Moheit was a young third class petty officer when he was acknowledged for his performance as a surgical technician in the Operating Room (OR) following Hospitalman Andrew Brown for his work in the Intermediate Care Ward, and HM3 Levi Arcaira for his contributions in the Urgent Care Unit.

“Just being part of our international team that delivered the kind of care we did, and had a 98 percent casualty survival rate even when dealing with injuries from improvised explosive devices (IED) and gunshot wounds, made me proud,” said Moheit, a Tennessee native, surgical technician.

Moheit’s role as a surgical tech had him readying all instruments and equipment for any OR case, many times with little or no notice beforehand. Fighting persisted against the Taliban not just in the Kandahar region. Casualties’ arrived from near and far battlefields. Local Afghans also sought treatment for a host of ailments.

“Most of the time we had six to nine cases on the board for the morning shift. We took care of a lot of local nationals as well as coalition forces,” said Moheit.

Reminiscences linger of his time spend in the midst of that protracted conflict.

“Most gratifying was when a service member got the chance to evacuate home. It meant that we did all we could. Most challenging was losing someone no matter how much of your soul you poured into the case. The most memorable was the people. The friendships and memories changed me as a Sailor, medical professional and person,” Moheit said.

When the weather warmed from May to September in 2012, the war also heated up. As the fighting season commenced in southern Afghanistan, HM3 (Fleet Marine Force) Anthony M. Juarez, from Branch Health Clinic Everett, was right in the midst helping to care for wounded personnel.

The 22-year old Bakersfield, Calif. native primary responsibility was providing emergency care transportation to incoming casualties from the flight line to the Trauma Bay. He also assisted with emergent, urgent, and specialty care with the Referral Care Center/Emergency Vehicle Operation Casualty Care section.

“I am part of a great team doing great things in a bad place,” said Juarez. “We helped whenever and wherever. We (also) provided services to the Afghan National Army, Afghan National Police and local casualties. We provide the same unbiased care to all who entered our doors.”

The escalation of fighting brought the most difficult aspect of deployment directly into focus for Juarez.

According to hospital records, there were approximately 800 battlefield casualties treated at Kandahar Air Field’s Role 3 from May through September that year— long considered to be the traditional fighting season in Afghanistan —and more than half of the cases were U.S. or other NATO troops. The rest were Afghan soldiers and civilians too badly hurt to be cared for at nearby Afghan military or civilian hospitals. Compiled statistics also show that almost half of all battlefield injuries treated at Role 3 were caused by IEDs.

“I experienced the loss of Marines, Sailors, and Soldiers. The hardest part professionally is accepting the ultimate outcome no matter what, and rationalizing in my head that I did everything I could for my patients, even though I may not feel that way personally,” Juarez explained.

A year later, when HM3 Kayla Blum, from Prescott, Arizona, arrived down range in July 2013, she knew it was where she was needed to care for the wounded.

“This deployment is why I joined the military in the first place. I wanted to help the service members who were risking everything for our country. No matter where I worked before coming here, nothing could have prepared

me for the things I saw and did here. Working in the Emergency Room and Pediatrics at NHB was a great experience, but nothing comes close to what I am able to do out here," said Blum, who handled a number of crucial duties related to trauma care.

It was not uncommon during any trauma case for Blum to assist a surgeon, help as an ambulance driver to transport wounded from the flight line to the hospital, even leap into the back to act as the receiver to help monitor and stabilize patients until reaching the operating room.

"The days were busy when we first arrived. We saw anywhere from 10 to 20 patients. Typically those patients had gunshot wounds, and IED related injuries such as shrapnel and/or amputated limbs. I knew coming here we would be seeing some serious injuries and that a lot of the patients would be our troops. But that's why I'm here, to do my part," related Blum.

Hospital Corpsman 1st Class Isaac Kargbo was in his second tour at NHB when he deployed to Role 3 MMU from October, 2019 to June, 2020, serving as the leading petty officer for the Radiology Department.

"We dealt with intense trauma caring for combatant casualties, both U.S. military and NATO coalition forces, fighting to stay alive from gunshot wounds and blast injuries," related Kargbo, from Freetown, Sierra Leone, who came to the U.S. in 2006. "From mass casualty and trauma activation, to our litter bearers bringing casualties into the trauma bay, portable X-rays, computed tomography, and finally getting them into the operating room, is a nightmare. However, the best memories are watching most casualties recover from these injuries under the noble and experienced hands of our professional Navy physicians."

Kargbo's job often required him to work long hours or go with little to no sleep.

"The best part is being able to do what I do every day to help take care of the sick and injured combatants," said Kargbo. "I personally volunteered for this deployment, knowing that I will be able to provide services to my fellow service members in combat. Every morning that I wake up and tie my boots, or had a sleepless night because of long hours at work, I know it's not for nothing. Someone is getting help. That is Navy Medicine."

Wink can also affirm that he will retain professional as well as personal accounts of Navy Medicine support to those need in a volatile, landlocked country about as far removed from the high seas as a Sailor can be.

"I'll remember walking the hallways and seeing the absolute motivation and dedication to the mission on a daily basis. Everyone brought 100 percent every single day," shared Wink, noting that it was a challenge being away from home during the ongoing global pandemic.

"Life changed for everyone. We were the lucky ones to only have to worry about work and sleep," Wink continued. "We had a mission while so many others were trying to navigate COVID-19. We had a purpose every single day to battle this pandemic while also battling terrorism."

When asked what was most gratifying about his time in Afghanistan as part of Navy Medicine, Wink replied, "Seeing the team perform. Seeing the response time and seeing everyone caring about the person to their left and right. To see the casualties who survived due to the team and the teamwork was astounding."

The facility went through several naming iterations over the years, from 'PFC Jerod Dennis Hospital,' honoring the 82nd Airborne paratrooper namesake killed in action rescuing other soldiers during an ambush in 2003, to 'Tarin Kowt Role 2E Vascular Center of Excellence and Everything Else,' to 'Best Care Anywhere Role 3 Multinational Hospital,' to finally 'NATO Role 3 Multinational Medical Unit, Kandahar Airfield.'

The name altered a bit over time, but not the mission.

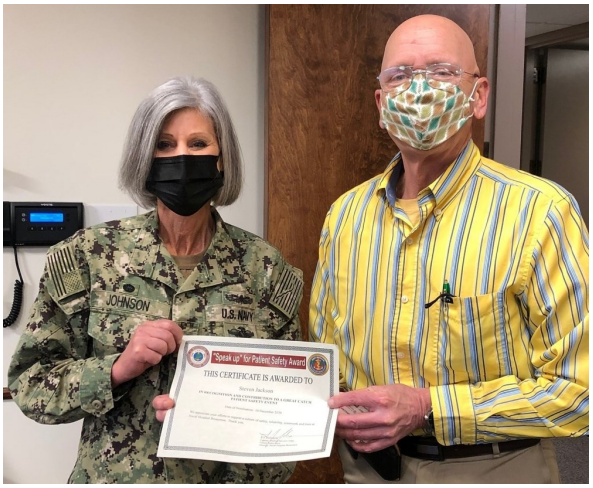
Under Navy Medicine leadership, decisive, sustained trauma and casualty care was continually provided to those in need, many also far from home. The 98 percent casualty survival rate meant that more battlefield casualties than ever before survived to make it home.

That old worn signpost made it back, too.

Along with every battle-tested man and woman from Naval Hospital Bremerton, although perhaps a bit more weathered than before.

‘I am Navy Medicine: Once a Corpsman, Always a Corpsman’

[December 18, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When immediate reaction to a potential medical emergency was needed, retired Chief Hospital Corpsman Steve C. Jackson knew instantly what to do.



With no hesitation.

Jackson was waiting in Naval Hospital Bremerton’s (NHB) Main Pharmacy after work recently when he noticed another beneficiary suddenly appear very unsteady, visibly weaken and begin to fall. His initial thought was someone was possibly suffering a cardiac or respiratory arrest.

“The older beneficiary started to look a little shaky. As he grabbed the wall for support, I jumped up to render any aid I could. As he started to fall to the floor, my first thought was to protect his head. Once on the floor, I assessed his condition as he told me that he was prone to syncopal [fainting] episodes. Once I realized he was not in cardiac or respiratory distress, I focused on protecting him from further harm until the Code Blue (cardiac or respiratory arrest) team arrived, which they did very quickly,” said Jackson, NHB Director, Nursing Services and Director, Medical Services secretary.

Jackson attests that when he saw the other beneficiary in need of assistance, his corpsman training automatically kicked in to promptly respond to a potential life-threatening emergencies like cardiac arrest.

“To this day, I have always maintained my Basic Life Support (BLS) certification since becoming a corpsman. I find this skill vital as you never know when you may be called upon to potentially save a life. I have personally used CPR [cardio pulmonary resuscitation] three times in my life including on my own father. He lived another 20 plus years as a result. Whether you are a corpsman or not, get, and maintain the training that could make the difference between life and death. You will never regret it. It may be your very own loved one that you may be called upon to save,” explained Jackson, noting with BLS training, anyone can be prepared to assist in many potentially life threatening situations such as fainting, cardiac arrest, even choking.

“Don’t be that person that says ‘I wish I had known what to do’ after the fact. It may be too late. Make a difference,” stressed Jackson. “It doesn’t matter who you are or what background you come from. You can make a difference. Being able to potentially save a life, even in impossible situations, is the best feeling you could ever have. If you should ever be called upon to face such a scenario, you will be able to hold your head high and say, ‘I gave it my all.’”

Jackson’s efforts were recognized with a ‘Speak Up’ for Patient Safety Award by his command for ‘contributions to a great catch patient safety event,’ supporting a culture of safety, reliability, teamwork and trust at NHB. A co-worker commented that what he did was exactly what any corpsman would be expected to do, because once a corpsman, always a corpsman.

“This statement, ‘once a corpsman, always a corpsman’ says it all. It’s true for me and always will be. I can’t imagine a better feeling and higher purpose than to save someone’s life,” Jackson said.

Jackson has been involved in Navy Medicine since 1982. The Dundalk, Md. native and Dundalk Senior High 1973 graduate starting out as a ward corpsmen before becoming an optician. His tours of duty include USS Theodore Roosevelt (CVN 71) as the sole staff optician, administration head of naval medical clinics in the United Kingdom and various other shore commands. He started his civil service career at NHB in 2006 soon after retiring after 24 years of active duty service.

He was also part of the nearly 300 staff members NHB sent to augment Fleet Hospital Eight at Naval Base Rota Spain in early 2003 to gear up for Operation Iraqi Freedom. He was directly involved in assisting with

treating hundreds of wounded patients.

“I don’t recall exactly when I knew that Fleet Hospital Eight would play a major role, but soon after 9/11, we knew something was ramping up,” recalled Jackson, who deployed from March to September 2003 as leading chief petty officer for Fleet Hospital Eight Surgical Services. “We were materially ready thanks to good preparation and training, but we had no idea what to expect or how it would affect our own lives.”

Jackson affirms to the mettle and resolve of the fleet hospital staff back then to deal with the influx of incoming injured from the battlefield.

“Seeing some of the miracles performed by our surgeons and nurses was truly memorable. They handled facial reconstructions, avulsed limbs, severe eye injuries and more. Our junior corpsmen stepped up to effectively and efficiently handle the support challenge and turned quickly into seasoned professionals,” remembered Jackson.

Jackson knew early on the sea was his calling. His father was a Sailor in World War Two and he grew up with Chesapeake Bay as his backdrop.

“I’ve always been in love with the sea. It’s in my blood! Combining that with my abiding desire to render service and aid to others, Navy Medicine was a natural fit. I knew as soon as I joined the Navy, I was home. From that point forward, I never looked back,” related Jackson.

Jackson was also afforded the rare fortune early in his career to be selected for a Navy Medicine feasibility study to determine if opticians could successfully function at sea on forward deployed ship platforms.

“After the study, I was offered my choice of aircraft carriers. What an opportunity that was. I did eye refractions and exams by day, eyewear fabricating in the evenings and held myriad other important collateral duties. Experiences I wouldn’t trade for the world,” Jackson said.

He still feels part of the Navy and Navy Medicine. In his current role behind the scenes, he is more focused on supporting Navy Nurse Corps, the NHB Chief Petty Officer Mess and executive leadership when needed.

“By taking care of the basic administrative needs of our Nurse Corps, I feel that they can better focus on their experience and operational requirements. I am satisfied by lifting some of their burden so that they can be at the ‘tip of the spear’ without needing to worry about the minutia,” said Jackson.

When asked to sum up his career in one sentence, Jackson replied, “My experience with Navy Medicine and Naval Hospital Bremerton has been one I am honored and fortunate to have had the opportunity to be a part of.”

I Am Navy Medicine: Hospitalman Paul Matthew C. Tie, NHB/NMRTC Bremerton

[Dec. 6, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When there was a need for logistical ingenuity and organizational initiative, Hospitalman Paul Matthew Tie knew just what to do.

He took it upon himself to help ensure Naval Hospital Bremerton’s (NHB) Multi Service Unit was prepared to handle same-day surgery requirements in support of ambulatory procedure unit (APU) outpatient needs.

Tie, originally from Manila, Republic of the Philippines before relocating to San Diego, California, completely overhauled the Multi-Service Unit (MSU) supply room. His resourceful energy rearranged existing resources for emergency usage as well as efficiently allocated supplies for use elsewhere.

For his efforts, Tie was recognized by Capt. Shannon J. Johnson, NHB/Navy Medicine Readiness and Training Command Bremerton commanding officer.

“This project began as a reorganization. That was the general idea, which does affect several things,” said Tie, who started as a general duty corpsman and is currently the assistant leading petty officer and supply petty officer.

Tie demonstrated exceptional attention to detail and an eye for streamlining processes consistent with high-reliability principles.

“We only needed about a quarter of the supplies in the supply room for APU operations. We were able to reallocate some of those supplies to other departments that utilize them. I personally brought items to different departments to be used,” explained Tie, noting that infant formulas were sent to Labor and Delivery (L&D) along with IV fluids, which were also sent to Urgent Care Clinic.

Tie also assisted the daily tally with all supply items. He reorganized the remaining, existing stock which placed all commonly used items up front in the initial few columns of supply bins. That simply relocation move made it easier to retrieve as well as determine which items need replenishing.

“Tie has kept supplies and equipment ready in the case of COVID-19 patients or anything else. He also tracks bio medical repairs on equipment and supply order,” added Lt. Kaitlyn Harmon, who serves as the ward’s department head.

Tie has also rearranged various supplies that are not used every day but are crucial in emergency situations for replenishing code-carts and responding to an emergency such as an adult/pediatric cardiac or respiratory arrest.

“Being recognized for this project was never my intention. I do appreciate Capt. (Andrea) Donalty, chief medical officer and my chain-of-command for this recognition. All I could think of was the command. At the time I thought of this project, it was at the height of the COVID-19 response where we were all adjusting to the new procedures. As little as this project was, I hope it gave the command a little ease,” Tie said.

Tie attests that his initiative to renovate the supply room has been beneficial for staff carrying out their duties.

“It has been great in terms of morale. We are a proud unit. We did what we can do to make our department great. We do have great working relationship inside and outside the department. With this project, it gave a sense of purpose,” Tie said. “Thinking outside the box is what makes a great person let alone a Sailor. After this recognition, it gave motivation to suggest improvements for the better of the department.”

Although Tie’s Navy Medicine career started at NMRTC Bremerton, his interest in medicine was ingrained years earlier.

“Medicine alone is interesting enough because I believe that every individual has to have a little bit of medical experience,” said Tie. “Serving this country has always been what I wanted to do. Being here and making little positive differences with the lives of my fellow Sailors means so much to me.”

After completing high school at Angelicum College, Quezon City, Philippines from 2004 to 2008, he graduated with a Bachelor of Science degree on Information Technology after attending San Beda College in Manila, Philippines from 2008 to 2012.

A family man with wife and daughter, Tie joined the Navy in 2019 and is currently working on his officer candidate school packagen and is also actively engaged in helping stop the spread of COVID-19.

“As a father and a husband, what I can do to protect my family from the virus is follow CDC protocols,” related Tie. “As an ALPO, I look after my fellow corpsmen making sure they are getting the support they need, on and off work and by being the voice to remind our people that this will not last forever. It is difficult since this is not what we are used to. All we have to do it be patient and comply.”

Assigned to a Navy Medicine platform, Tie affirms he’s part of the command effort in support to others in need, and not just during the ongoing pandemic outbreak.

“Compassion and humility are required as medical personnel. I always remember that we are in the position to make a lasting impression on a person’s life. With these difficult times, we are in a place to make someone’s day better,” Tie stated

When asked to sum up his experience with Navy Medicine in one sentence, Tie replied, “It has been eye-opening, challenging and motivating which gives me the drive to be a better person.”

I Am Navy Medicine: Hospital Corpsman 3rd Class (SW/AW) Anthony Johnson

[November 18, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- When U.S. Army Lt. Gen. Ronald J. Place, Defense Health Agency (DHA) director called on Naval Hospital Bremerton (NHB), little did a newly arrived Navy petty officer realize he would be front and center during the visit.

Hospital Corpsman 3rd Class (Surface Warfare and Aviation Warfare qualified) Anthony Johnson was selected by his directorate to be recognized by the visiting DHA director for his dependable work on the job and his leadership efforts guiding junior Sailors.

“It was an honor to even be recognized with the short amount of time I had been onboard. I was not aware and was definitely caught by surprise when told to report immediately after completing my Basic Life Support instructor course that day. I love knowing that even if nothing is being said around you, your Chain of Command is always paying close attention and recognizing the hard work and effort we all put in daily,” said Johnson, who was hand selected to assist NHB’s Healthcare Benefits operations and Referral Management Center in helping service members and their families navigate enrollment complexities, electronic health record MHS GENESIS registration and coordination of care needs.

“I tried to learn as much as possible to become a valuable asset to the Healthcare Operations Department and Referral Management Center,” Johnson said, helping conduct daily primary care manager (PCM) assignments and management of patient empanelment for 37 PCMs with approximately 33,800 patients.

He also assisted in coordinating and updating TRICARE enrollment and benefits for more than 7,000 Sailors assigned in the Pacific Northwest, along with handling counseling and management of billing concerns, coordinating virtual appointments and serving as a liaison between NHB and claim(s) advisors.

Johnson is currently the leading petty officer of the Multi-Service Unit managing14 enlisted Sailors in support of nine nurses.

The added responsibility and increased reliability is part of the path that Johnson has followed from Gulfport, Miss. to Atlanta, Ga. where he graduated from Stone Mountain High School in 2001. After time spent unhappily working in construction as a welder, he chose to pursue his interest in medicine, drawing inspiration from his mother in doing so.

“My mother dealt with medical issues for many years of my life since middle school. I always wanted to know the why and the how this medicine or that medicine works, or what is causing the symptoms, how to treat it, etc.,” explained Johnson. “I am the oldest of three boys raised by a single parent, who battled cancer since I was 12 years old, which grew my interest in medicine. Plus, I like helping people in need anytime I can.”

“I kept good grades, played sports in school, but never knew what I wanted to do until later in life when I decided to go after my interest in medicine,” continued Johnson. “I have a daughter who’s growing so fast on me, recently turning 14 years old in October and wants to become a pediatrician. I hope to continue in the rate that I love until retirement. I really couldn’t imagine any other job for me.”

Navy Medicine has already taken Johnson to multiple countries, put him in conversations with diverse groups of men and women who share his same love of medicine as well as provide an educational roadmap to obtain his college degree in health care administration.

As with the rest of his command, Johnson also continues to focus on helping stop the spread of COVID-19.

“Outside of wearing our masks continuously as mandated, we continue to practice decontamination protocols, such as wiping down all frequently contacted areas - door knobs, countertops, desktops, furniture - before and after patient visits. We maintain our safe distances and educate about the risks of being in large groups when out in public,” Johnson said.

Johnson attests that the highlights in his career are centered on the rapport established with those he works with and works for.

“The best part has been the relationships that I’ve built, the mentors who kept guiding and pushing me to do more, and most importantly the tough challenges that I faced, got through, and realized it was only the not knowing what’s ahead that I really feared. Our job field is not easy, it’s not meant to be, and if it was…..everyone would do it,” shared Johnson.

Johnson readily affirms that Navy Medicine has provided him with specific meaning.

“I am contributing to something greater. The amount of patients I’ve seen for minor procedures, minor or major injuries, or simply common colds, I know I helped with an issue that needed resolved. That same person may go out and do something great for someone else,” Johnson said.

Johnson is also making sure his Sailors are prepared to respond to any operational readiness need, as has been the case during the ongoing pandemic outbreak.

“I am responsible to actively engage my team through coaching and providing opportunities to maintain and expand their skillset and personal and professional growth. This ensures that when called upon, they will be better prepared and ready to meet the mission’s needs,” stressed Johnson.

When asked to sum up his experience with Navy Medicine in one sentence, Johnson replied, “I would say my experience is the most fun, educational, stressful, challenging, rewarding adventure ever, and I would do it all over again.”

I Am Navy Medicine – and Blue Jacket of the Quarter – HN Paighton Scott

[September 29, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- It didn’t take long for Hospitalman Paighton Scott to make a noticeable difference.

Scott, a Clovis, Calif. native and Clovis East High School class of 2018 graduate, was recently selected amongst her peers as Navy Medical Readiness and Training Command Bremerton’s Blue Jacket of the Quarter.

The award is presented to enlisted personnel – such as Scott, assigned to NMRTC Bremerton’s Navy Medicine Readiness Training Unit (NMRTU) Everett - who stand out from others in similar paygrades due to dedication to their responsibilities and professionalism.

Scott was cited as an example of the Navy core values of honor, courage and commitment, along with the command’s standards of care, competence and compassion.

“I was incredibly proud of myself, I felt as if all of my hard work had paid off and I was just really excited to represent NMRTU Everett and make my command proud,” said Scott, who has served as a Navy hospital corpsman for approximately 18 months.

“Receiving this award really makes me feel like I made the right decision with my career,” added Scott, who primarily works as an immunization technician. “I have always loved medical, but finding out that I’m

good at it and I am excelling in it is insanely reassuring and exciting."

Scott's Navy Medicine career actually began well before her active duty status, even before graduating from Clovis East.

"A month after I turned 17, as a senior in high school, I went to the recruiting office and a week later I was sworn in," related Scott. "I have always wanted to work in the medical field so choosing my rate wasn't hard at all."

Her interest in a career with Navy Medicine was prompted by both financial considerations as well as the decision to enter a service branch with a good track record in supporting advancement goals of those seeking to further their aspirations.

"I couldn't afford college. Navy Medicine presented a lot of opportunities other than just college. I have acquired a tremendous amount of knowledge that I know will help me excel in a career in the medical field," Scott said. "It is an absolute honor to know that my hard work contributes to the mission and has so much meaning. Even when it feels like something small, it is vital."

Scott knew growing up that supporting those in need was a possible career choice.

"I have always loved caring for people, especially children. I was a nanny before joining the Navy. I wasn't sure if I wanted to be a teacher or a medical professional until a very close family member was admitted into the ICU – intensive care unit - and kept inpatient for almost two weeks when I was 16. Watching how caring and attentive they were in saving her life kind of resolved any uncertainty that I had," noted Scott.
Already in her brief time, Scott readily affirms that Navy Medicine has provided a greater sense of responsibility for her.

"Knowing that people choose to come to me and count on me to help them or get a job done really makes me feel like I'm exactly where I'm meant to be," said Scott, and her workload at NMRTU Everett would seemingly confirm that.

Along with immunizations technician, Scott is a Family Medicine corpsman, a Periodic Health Assessment (PHA) record reviewer, a Central Sterilization Room secondary technician, a Sexual Assault Prevention Response victim advocate and a Healthcare Effectiveness Data and Information Set (HEDIS) secondary user.

She also handles collateral duties as a member of the command's Diversity Committee, and serves as Junior Enlisted Association public affairs officer.

All Scott's duties adhere to the priority of operational readiness set by the Navy Surgeon General, which includes producing force medical readiness and medical force readiness.

"As a corpsman in the Medical Readiness department, tracking immunizations, PHA's and HEDIS measures ensures that all patients are completely up to date on all exams. Tracking individual medical readiness and notifying patients or commands when they or their sailors are due for immunizations, PHA, lab, etc. directly contributes to keeping operational readiness above 90 percent.

The Immunization department's main responsibility is medical readiness. Without proper administration and documentation of vaccines, dependents are unable to attend school and service members are unable to deploy," said Scott.

For much of 2020, Scott has also done her share and more to help stop the spread of COVID-19.

"Working at the clinic Entry Control Point I screen patients for possible COVID-19 symptoms, coordinate with all clinic departments to ensure that patients do not overflow in waiting rooms and that patients are complying with mandated face covering and social distancing guidelines," explained Scott. "This guarantees that all patients and staff members are kept safe and healthy within the premises."

When asked to sum up her experience here with Navy Medicine in one sentence, Scott replied, "My experience has been educational, empowering and trying at times. But I am so thankful for all of the opportunities I've been given and all of the help I have received from my command."

‘I am Navy Medicine’ – helping another in need - Hospitalman Grace Pridmore of NMRTC Bremerton

[Sept. 3, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- It takes more than just awareness to respond to someone showing signs of distress.

It takes conviction of care, compassion and competence to help that someone in need.

Which describes precisely what Hospitalman Grace Pridmore did.

Pridmore, assigned to Navy Medicine Readiness and Training Command (NMRTC) Bremerton Detachment Puget Sound Naval Shipyard (PSNS), was acknowledged for her selfless effort by Capt. Shannon J. Johnson, NMRTC Bremerton commanding officer, for identifying another Sailor at risk and taking quick action to help get the Sailor to the appropriate level of care, very possibly saving a life.

“I knew my friend had been going through a lot since she arrived to her command and sadly her condition got worse as time went on” said Pridmore, of Kellyville, Okla. and 2019 graduate from Kellyville High school.

“I saw her well-being starting to quickly depreciate. Seeing this problem rapidly spiral out of control I knew I had to be there for her as much as I possibly could,” explained Pridmore. “She fully explained everything she was going through, and I took quick action to get her to someone with the appropriate level of training to help her. I knew from my training that this was the right decision. I contacted my chain of command for additional guidance to ensure we were complying with the COVID-19 guidelines.”

Pridmore declares her chain of command went above and beyond – just as she did - to help out the Sailor in need.

“I stayed with her until she got transferred to higher care. I continued to talk and visit with her as she was receiving this care so she wouldn’t be alone. With the resources and training my chain of command provided me I knew I could be the friend to help her. I will always stick by her side no matter how hard times get,” stated Pridmore.

During the ongoing effort to help stop the spread of COVID-19, Pridmore has also found herself providing daily support against the pandemic outbreak from directing traffic to assuring personal protection equipment is worn in order to ensure worker and patient health is maintained.

“At the clinic we continue to see patients during this time. I ensure that our employees, active duty and civilian, remain healthy to go to work. Without them the shipyard could not operate properly, so their health is extremely important,” said Pridmore.

Although Pridmore has only been part of Navy Medicine for approximately one year, her interest in the career field has long been an aspiration. During high school, she even attended vocational school Central Technology Center for additional nursing and medical education and training.

“I have been interested in the medical field since as long as I can remember. I have been actively chasing this goal since I was a junior in high school, getting my certified nursing assistant, certified medical assistant, and phlebotomy licenses before I graduated high school. I’d seen other students in my school make the decision to join the Navy. I started researching everything the Navy had to offer. I didn’t have any money for college, and I didn’t want to be in debt so this just made sense to me. I could become a corpsman, and do what I love then eventually get a degree,” related Pridmore, convinced that the Navy was for her.

“The Navy to me seemed like the best route for medical in comparison to the other branches,” continued Pridmore. “I also see it as a stepping stone to my bigger goals of the future, like becoming a registered nurse. Being in

the military was a way for me not to do the traditional thing and go straight to college after high school, but I get the opportunity to travel and learn about life."

Pridmore attests her personal story is simple, growing up in a 'very small town' in Oklahoma with her mom and sister, proving herself in school and employed by age 16 as a waitress until entering the Navy.

"I have always put my full effort into everything I do, that's how I was raised. I've been blessed enough to be surrounded by people that love and support me and made me into the person I am today. They taught me good moral values that I always keep in mind," said Pridmore, adding that Navy Medicine has shown what it takes to be in her chosen field.

"I have gained leadership skills and learned how to push myself. You can't get this kind of experience anywhere else," Pridmore said. "I find it very gratifying that I can make people feel safe in their workplace and the satisfaction of helping others to feel safe in their occupation."

When asked to sum up her experience with Navy Medicine in one sentence, Pridmore replied, "Life's not about how hard of a hit you can give, it's about how many you can take and keep moving forward."

'I am Navy Medicine' Hospitalman Kevin Stout, NMRTC Bremerton

[Sept. 1, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospitalman Kevin Stout, assigned to Navy Medicine Readiness and Training Command Bremerton Detachment Puget Sound Naval Shipyard (PSNS)."

Stout, a Redding, Calif. native attended Pioneer Continuation school, and is currently handling such duties as providing acute care, working as a laboratory technician and helping with the clinic's Occupational Health program, the largest of its kind in the Department of the Navy, serving approximately 15,000 Department of Defense (DoD) shipyard workers.

He also took part in the recent Bureau of Medicine and Surgery (BUMED) Radiation Health audit that resulted in zero discrepancies for the third year in a row, considered a remarkable achievement due to being the largest radiation health program in DoD.

The 'Rad Health' program is cited as the 'gold standard' by Naval Sea Systems Command and BUMED audits.

Stout is emblematic of why the program is so highly regarded and a standard of excellence. He was recognized by the shipyard's leadership for performing flawlessly under pressure, conducting a contaminated person drill as part of the overall Radiation Health audit.

"I was [providing] corpsman coverage during the Contaminated Injured Person Assessment. It was my job to ensure overall safety and medical stability of the casualty," said Stout. "The drill was a simulation of a radiation contaminated injury. I responded to a contaminated laceration on the hand. Medical takes priority in these kinds of situations. I quickly assessed the patient and got the bleeding under control. At that point, the very capable Radiation Health team and I started the decontamination process by cleaning the injury to ensure all contaminates were off or out of the patient."

The PSNS Radiation Health Division was very impressed by Stout's emergency medical response in the simulated drill scenario, as well as his demonstration of the strong working relationship between the clinic and the shipyard.

"With the excellent communication between the Rad Health team and I, we were able to show the worker our care for his well-being and get him the help he needs efficiently. I think working as a team shows every worker in the shipyard they're safe at their job and will receive the highest quality of care," explained Stout, adding that in his

approximately four years in the Navy he has the necessary qualifications to handle such scenarios.

Even so, every situation can present a different set of unexpected trials.

“I have trained a good amount for these kinds of situations. The drill can get complicated if we are not communicating with each other or if we spread the contamination,” continued Stout, “With the added restrictions in place due to COVID-19, I would say the most challenging was being able to see out of my glasses while I was wearing a mask and face shield.”

Stout attests that it was gratifying to handle his responsibilities in the drill relying on his acquired knowledge, and knowing that the training he’s done has paid off by being able to address and assess any injured personnel.

“The most important elements demonstrated and shared during such a drill were clinical expertise, composure and professionalism,” Stout remarked.

Stout received the Demonstrated Quality Award by Puget Sound Naval Shipyard Radiation Health Division, ‘as the responding provider to a simulated contaminated injured worker drill during the annual Navy Medicine audit of the shipyard’s Radiation Health Program. HN Stout demonstrated clinical expertise, composure and professionalism. His actions were evaluated as excellent and are indicative of the exemplary partnership enjoyed by the detachment and Radiation Health Division.’

As has been the case for the past six-plus months, Stout has also been directly involved in helping to mitigate the spread of COVID-19.

“My fellow corpsmen and I have screened every single person as they walk through the clinic entrance and take part in cleaning the entire building multiple times a day. I’ve been assigned to our Employee Medicine clinic during this time. Any civilian that comes in for work-related injuries is screened to see if they need light duty or can return to work. My job is to ensure that our shipyard workers are getting the best treatment to continue performing their jobs on the various projects going on in the shipyard,” said Stout, who performs a variety of duties such as pharmacy technician, hazardous waste manager and phlebotomist.

Stout became interested in a Navy Medicine career for job security.

“We always need medical care and law enforcement. I’ve always been interested in the medical field and this was a good opportunity,” related Stout, who has also been stationed at San Antonio, Texas, Portsmouth, Va. and Camp Pendleton, Calif.

When asked to sum up his experience with the Navy in one sentence, Stout replied, “Adapting to change like no other.”

Competent Corpsmen Capably Conduct Contact Tracing for COVID Cases

[August 14, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- They’re part sleuth, part survey, part surveillance.

And all support.

Such is the combined epidemiological ability of Navy Medicine Readiness and Training Command (NMRTC) Bremerton’s Preventive Medicine department. They’ve been assigned with the herculean task of contact tracing for each positive COVID-19 contact investigation since day one of the ongoing pandemic outbreak.

Contact tracing is a painstaking process. The preventive medicine technicians (PMTs) meticulously evaluate those who have tested positive for the coronavirus to determine if they have had close contact and

exposed anyone and any place. Close contact is described as being within six feet of another for more than 15 minutes without proper personal protection equipment such as a cloth face covering.

“Contact tracing is not easy. It can be time consuming and at times frustrating. It can take anywhere from one hour to one day trying to figure out another person’s past movements. We’re contacting someone and asking them to remember back 14 days from the test date to identify anyone or any place they might have infected. Asan important part of any case investigation, it really helps us determine if others have been exposed,” said Chief Hospital Corpsman Dawn Dillow, Preventive Medicine department leading chief petty officer.

The need for timely, concise and accurate contact investigation of all COVID-19 cases is deemed crucial in the ongoing effort to stop the spread of COVID-19. As soon as someone’s test results come back positive, the command’s Urgent Care Clinic and Preventive Medicine contact them.

The contact tracing process begins by clarifying administrative, demographic, and clinical status for each person, along with noting predisposing conditions, clinical testing, hospitalization status, and any treatment update (s).

Next comes going over the novel coronavirus exposure timeline – from the test date backward through the exposure period to earliest exposure date - to identify any sources of infection. This requirement focuses on determining locations of potential exposure for the past 48 hours. The more complete, the better. Addresses and phone number of those deemed high-risk. Work – and play - settings. Dates and times of specific places visited, especially any healthcare facilities, schools or day care centers.

“This is where the challenge comes in,” explained Dillow, of Mims, Fla. “We’re relying and hoping that someone doesn’t have selective memory or hold anything back because they’re afraid they might get in trouble. We’re not tattle tails and out to get someone in trouble with their command, which is going to know their status anyway.”

Dillow acknowledged that it can be taxing to recollect every stop, every location and every person someone encountered. It’s not just a person’s normal routine, but shopping, dining, traveling, and any type of gathering.

“We go over suspected exposure settings, checking any that apply from the same household, co-workers and any healthcare environment,” said Dillow, adding that the PMTs query not just before but also after the onset of symptoms, during the contagious period.

Once all the data has been compiled, that information is collected into COVID-19 contact investigation notes listing such details as the names of any contacts, the date exposed, and if the contact is known to be symptomatic with COVID-19 symptoms.

“Our preventive medicine technicians (PMT) have been trained in this and are the best at what they do in their specialty. No one really knew that much about our Preventive Medicine department. Now? They’re showing they are the real deal. This [stopping COVID-19] is what they’ve all trained for. They know this is serious and important, and do not take their responsibility lightly. They have taken on the challenge of conducting the contact tracings along with all their other duties supporting ship, shore and submarine commands. Their attitude has been tremendous in balancing everything,” commented Dillow.

One such PMT is Hospital Corpsman 3rd Class Tiffany Hubbard, who has worked tirelessly with on contact tracing. Hubbard and her counterparts have been going almost non-stop since March.

“We’re one of the first notified of a (COVID-19) positive case. That notification kicks off a chain of events that we oversee and contribute,” explained Hubbard, from Antofagasta, Chile. “Upon notification from the lab or ordering provider, we notify the COVID-19 subject matter experts and chain of command. We then call the individual to find who might have been exposed so we can track and monitor them to keep our community safe.”

Accomplishing their tracing task is not done electronically or automatically. Its boots on deck to contact a specific individual, then rely – and prompt if needed - on that person to honestly remember their movements and interactions with others.

Along with Hubbard, the Preventive Medicine department team lineup is Hospital Corpsman 1st Class James Gibbens, Hospital Corpsman 2nd Class Ryan Kowalski, Hospital Corpsmen 3rd Classes Brandon Bazeluk,

Amanda Claborn, Brandon Fletcher, Phillip Gomez, and Ricardo Silva, augmented by HM2 Edwin Requeno and HM3 Stephen Hohner.

Although the PMTs deal primarily with active duty personnel, they have conducted contact tracing for a few civilians – federal civil service – before funneling the compiled info to Kitsap Public Health District.

"Once contact tracing is completed, it is sent to Kitsap Public Health District as part of the case investigation. Our relationship is close. We essentially work with the county," Dillow noted.

I Am Navy Medicine, helping to stop the spread of COVID-19: Hospitalman Tiffany Hubbard, NHB/NMRTC Bremerton

[July 25, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospitalman Tiffany Hubbard, assigned to Navy Medicine Readiness and Training Command Bremerton.

Hubbard, from Antofagasta, Chile, graduated from Dimond High School in Anchorage, Alaska in 2013, and as a preventive medicine technician, has been much in demand for her specialty skill and training expertise.

As part of the command's Preventive Medicine department, Hubbard has been vital in assisting to quickly respond and work tirelessly with initial contact tracking and screening for symptoms, close contact – and follow up - investigations and contact tracing of COVID-19 cases, all part of the overall effort to help stop the spread of the pandemic virus.

"My position is integral because it involves promoting health and well-being and preventing disease," said Hubbard, readily acknowledging that preventive medicine technicians (PMT) are just one facet of the command's overall team effort.

"While Preventive Medicine plays a large role in the control of this pandemic we are only a piece of the big picture. We wouldn't be able to be successful without the help of all the amazing individuals that play a role in Navy Medicine," Hubbard said.

Hubbard and the other command PMTs have been going almost non-stop since March responding to the pandemic outbreak.

"We're one of the first notified of a (COVID-19) positive case. That notification kicks off a chain of events that we oversee and contribute," explained Hubbard. "Upon notification from the lab or ordering provider, we notify the COVID-19 subject matter experts and chain of command. We then call the individual and conduct a contact investigation. The contact investigation helps our team find who might have been exposed to the individual so we can track and monitor them to keep our community safe."

"Our team not only handles and assists our hospital staff for COVID-19, but also on the surrounding ships, submarines and with other commands," Hubbard continued. "We educate members of our community on proper hygiene, mask usage, quarantine and isolation protocols, guidance on returning to work and more."

Hubbard entered the Navy in Oct., 2013. Becoming a corpsman was the most intriguing option she received when joining. After graduating from Hospital Corpsman A-school in Fort Sam Houston, San Antonio, Texas – "To learn the fundamental building blocks of being a Corpsman," attests Hubbard - she went on temporary assigned duty to Naval Health Clinic, John H. Bradley Branch Clinic, Officer Candidate School, Quantico, Va. for Operation Bulldog. She was with more than 70 other hospital corpsmen and other health care professionals augmented to provide essential medical support through the grueling training evolution. Being able to immediately put her new-found corpsmen skills to practice turned out to be invaluable.

“I learned what it was like to work hand in hand with our Marine counterparts and execute many of the newly learned skills I acquired from A-school, as well as learn many more,” related Hubbard, who in her seven years has also worked at Naval Medical Center Portsmouth, Va., and Naval Hospital Pensacola, Fla.

Along with undertaking long hours in the overall command response to the current, ongoing coronavirus outbreak, Hubbard and the other PMTs also handle multiple duties, to include performing inspections and surveys of food and food service facilities, berthing spaces, barber and beauty shops, child care facilities, recreational facilities, swimming pools, potable water systems, solid waste and waste water disposal sites and systems.

“My favorite part about being a PMT is that every day brings a new adventure and you never know what that’s going to be until the day begins,” stated Hubbard.

Additionally, PMTs conduct bacteriological analysis of food, water, and ice samples, handle epidemiological investigations and reporting, administer mass immunization programs and conduct nosocomial infection control programs. They apply statistical methods to human mortality, morbidity, and demographic studies, conduct disease vector surveillance regarding insects, rodents, parasites, and other pests, and manage control programs with survey, identification, pesticide application and other control measures.

“Not a lot of people see what we do on a daily basis. But at the end of the day we’re keeping people safe and mitigating preventable things from happening,” Hubbard noted.

Working with occupational health professionals, they can also be called upon to assist in ensuring work place environments are consistent with existing Occupational Health and Safety standards. Hubbard and the other PMT can even provide instructions to other medical – as well as non-medical - personnel in preventive medicine, industrial hygiene, environmental health and occupational health matters.

When asked to could sum up her experience with Navy Medicine in one sentence, Hubbard replied, “I’m honestly just grateful for the opportunity to be able to serve my county and make a difference.”

I Am Navy Medicine, helping to stop the spread of COVID-19: Hospital Corpsman 3rd class Ricardo Silva, NHB/NMRTC Bremerton

[July 23, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- “I am Hospital Corpsman 3rd Class Ricardo (Fleet Marine Force designated) Ricardo Silva.

The Chula Vista, Calif. native and 2007 graduate of Otay Ranch High School, is a preventive medicine technician, currently assigned to Naval Hospital Bremerton/Navy Medicine Readiness and Training Command Bremerton since October, 2017.

As part of the command’s Preventive Medicine department, Silva has been an integral part of quickly responding and working tirelessly with initial contact tracking and screening for symptoms, close contact investigations and contact tracing of COVID-19 cases, along with follow-up investigations after swab exercise testing of individual patients, all part of the overall effort to help stop the spread of the pandemic virus.

“My current role is assisting wing with supplies for Preventive Medicine as well as positive case tracking for Kitsap County and rest of the region,” said Silva.

After initially starting his hospital corpsman career as a dental technician, Silva found himself wanting a different challenge and switched to become a preventive medicine technician. The past five months have indeed provided a trial for him and others in his department.

“I found that preventive medicine offered a lot more in-

teresting responsibilities. It's not the same every day. It's challenging. It's been gratifying making sure our shipmates and their families are being taking care of," commented Silva.

Whether it's a global pandemic or a regionalized epidemic, Silva and the rest of his department manage the various Preventive Medicine and Occupational Health Programs for Navy and Marine Corps forces ashore and afloat in the third largest fleet concentration area.

"Preventive medicine in general, in a pandemic or not, has a goal of preventing disease whether foodborne, vector borne, or any route that may jeopardize our shipmates and their families. This supports mission readiness, not just with a Navy Medicine command, but the entire region surrounded by it," explained Silva.

Silva began his Navy Medicine career as a dental technician with 3rd Dental Battalion, 3rd Marine Logistics Group, Okinawa, Japan. His decision to join the Navy is steeped in his roots.

"I was born and raised in Southern California and joined the Navy because of family tradition and to serve my country," said Silva.

He's seen the world. Along with being stationed on both sides of the Pacific – from Okinawa to the state of Washington, Silva's involvement in the annual U.S. Pacific Fleet humanitarian assistance and then disaster relief preparedness mission Pacific Partnership 2012, afforded him the opportunity to visit several far flung locales in the vast expanse of the largest ocean.

"I assisted in providing optometry care to citizens of in several countries on several Indonesian and Philippine islands and Cambodia during Pacific Partnership 2012," Silva related.

Along with undertaking long hours in the overall command response to the current, ongoing coronavirus outbreak, Silva and the other 'Prev Med Techs' also handle multiple duties, to include performing inspections and surveys of food and food service facilities, berthing spaces, barber and beauty shops, child care facilities, recreational facilities, swimming pools, potable water systems, solid waste and waste water disposal sites and systems.

Additionally, 'Prev Med Techs' conduct bacteriological analysis of food, water, and ice samples, handle epidemiological investigations and reporting, administer mass immunization programs and conduct nosocomial infection control programs. They apply statistical methods to human mortality, morbidity, and demographic studies, conduct disease vector surveillance regarding insects, rodents, parasites, and other pests, and manage control programs with survey, identification, pesticide application and other control measures.

Working with occupational health professionals, they can also be called upon to assist in ensuring work place environments are consistent with existing Occupational Health and Safety standards. Silva and the others can even provide instructions to other medical – as well as non-medical - personnel in preventive medicine, industrial hygiene, environmental health and occupational health matters.

When asked to sum up his experience with Navy Medicine in one sentence, Silva replied, "Most honored and satisfying job in the world."

I Am Navy Medicine: Hospital Corpsman 2nd Class Cruz Gabriela Gallardo, Navy Medicine Readiness and Training Command Bremerton

[July 21, 2020] By Douglas H Stutz, NMRTC Bremerton public affairs officer -- "I am Hospital Corpsman 2nd Class Cruz Gabriela Gallardo, assigned to Navy Medicine Readiness and Training Command Bremerton

With approximately eight years in Navy Medicine, Gallardo, from El Paso, Texas, and a 2012 graduate of El Paso High School, is currently the leading petty officer (LPO) for the Optometry Clinic and Optical Support Unit at her command.

Before the onset of her Navy career, there was initial uncertainty what to do after graduating from high school.

"I saw joining the Navy as an opportunity to get away, travel and go to school. Didn't really know what I wanted to do in life. I am the only female in the family to join the service and now my cousins are following my path. Extremely proud," said Gallardo, noting that she became interested in a career in Navy Medicine as a way to help

those in need.

“I love helping people,” Gallardo continued. “I was always taught to help those in need and to give back any way I could. I always wanted to make a positive impact on people’s lives and in the community I am in. When my recruiter talked to me about the corpsman rating and what they do, I signed up.

Gallardo’s personal story is a tale of overcoming long odds and persevering over the improbable.

“My mom came from Cuauhtémoc, Chihuahua, with two kids to raise. When we first got to El Paso, I went to third grade. I didn’t speak any English whatsoever, so school was a little hard for me. Eventually I learned and got better at speaking it. My brother and I were always in some kind of trouble, so the faster we learned to speak/understand English, the better. I joined the military because my family couldn’t pay for school and I really wasn’t an easy kid to take care of. I wanted to get away, see new places, and learn something new. I was tired of being in the same place. And here I am. The military has taught me a lot about myself and it made me change the way I viewed things. I think I’m doing pretty well so far,” said Gallardo.

Navy Medicine initially took her to school – Hospital Corpsman Skills Basic course - followed by specialty training at Optometry “C” School to become an optician. Not content with just that advanced training and education, she is also currently enrolled in University of Maryland University College through Navy College distance learning.

Opticians like Gallardo perform all phases of fabrication with single vision and multifocal spectacles from prescriptions. They are responsible to mark, cut, edge, and insert single vision and multifocal lenses into appropriate frames. They resurface, grind, and polish special single vision and multifocal lenses from ophthalmic lens blanks. They also measure, order, verify, and dispense spectacles; provide spectacle repair and replacement service; maintain and repair optical laboratory equipment; assist optometrists and medical officers in the treatment of patients with ocular disorders; and maintain and operate equipment used for diagnostic screening of ocular conditions. Those opticians like her holding senior leadership roles also perform administrative and managerial duties in optometry and ophthalmology clinics.

“After graduating Optometry tech school I received orders to U.S. Naval Hospital Rota, Spain then Naval Branch Health Clinic Bahrain. I went to Naval Medical Center San Diego on limited duty orders for knee surgery. Now I am here at NMRTC Bremerton,” Gallardo said.

Along with her main responsibilities, Gallardo has also volunteered as a Sexual Assault Medical Forensic Examiner (SAMFE) assistant.

“As a SAMFE assistant, we assist the forensic examiner during the exam for a sexual assault victim. We help with the evidence preservation, collection and packaging and storing it,” explained Gallardo.

She has also added on volunteer responsibility to become a Drug Education for Youth (DEFY) mentor for the youth. DEFY is a self-esteem building program that provides military family children with the tools they need to resist drugs, gangs, and alcohol.

Mentors provide guidance, tutoring and help to share on such topics as substance abuse prevention, gang resistance, physical fitness, citizenship, conflict resolution, and self-esteem development for youth ages 9-12.

As with everyone else at her command, the main focus for much of 2020 has been supporting the effort to help stop the spread of COVID-19.

“In optometry, we are wearing masks and thoroughly sanitizing everything even more after every patient. We have patients screened by the drive-through screening process before entering the building. Staff follows all hygiene protocols that are set in place. Just knowing we are part of the solution and we are doing our part to help with this pandemic is gratifying,” noted Gallardo.

The top priority of Optometry is direct support to the fleet – including units based at Joint Base Lewis McChord - and to that end, Gallardo and her team remain committed to the task at hand.

“Our Optometry Clinic has a lab attached to it. We fabricate about 300 to 400 glasses a day and we support 47 tenant commands across all branches of the armed forces. We are the only fabrication lab in the Pacific Northwest and a lot of people need glasses. It is always awesome that we can do them here in a one or two day turn around. Might not seem like a big deal but it definitely is,” Gallardo exclaimed.

Gallardo attests that the best part of her career in Navy Medicine is being able to lead junior corpsmen.

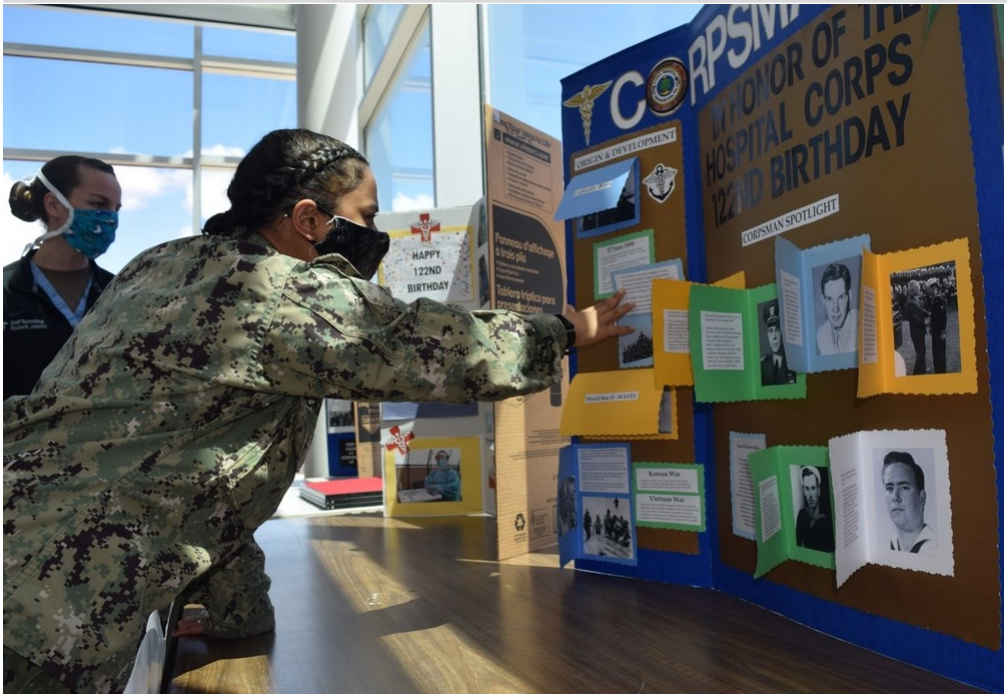
“Helping them develop into great corpsmen and leaders. Being able to give them the tools they need to succeed and move on,” stated Gallardo, adding that being part of Navy Medicine means being a team. “We help each other succeed and get better at what we do. We are part of an elite group of selfless individuals who are willing to risk our own well-being for our patients and peers.”

The Navy surgeon general has prioritized operational readiness and with the core mission of producing force medical readiness and medical force readiness, Gallardo attests her duty contributes towards the readiness requirement, even during the pandemic outbreak.

“Our duty is to help the fleet and make them ready to deploy. With the lab being here, patients receive glasses, and gas masks in a timely manner,” said Gallardo.

When asked to sum up her experience with Navy Medicine in one sentence, Gallardo replied, “Navy Medicine has taught me more than just medicine. It has taught me to be willing to change and adapt to anything that has been set in place.”

[June 23, 2020] Keeping on the move during Men's Health Month...As the old saying goes, hills don't get easier, but runners can get stronger by being consistent in dealing with them. And with June as Men's Health Month, Sailors assigned to Navy Medicine Readiness and Training Command Bremerton Optometry department stay active with tempo hill repeat-runs as part of their regular routine to help ensure operational readiness, boost individual fitness and collective health, and remain a ready medical force to support a medically ready force (Official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).



[June 17, 2020] History shared… Recognizing the Hospital Corps 122nd Birthday centered on a poster board challenge which focused on specific categories of the only enlisted corps such as history, heroes, and service in helping to stop the spread of COVID-19 during a time of social and physical distancing protocols in place during the current pandemic outbreak (Official Navy photo by Douglas H Stutz, NHB public affairs officer).

Enhancing Technological Capabilities in Radiology

[May 27, 2020] By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — Even in the midst of the COVID-19 pandemic outbreak, clinical support services at NHB continue to advance in patient-care support.

The command's Radiology Department unveiled the latest in advanced x-ray technology May 27, 2020.

The addition of the new equipment can be traced back to 2018 when a newly assigned Sailor checked into the Radiology Department. As an x-ray technician, he quickly realized that his new command could use some upgrading to enhance their x-ray capabilities.

Thanks to the proactive determination of Hospital Corpsman 3rd Class Marc Gasbarri, NMRTC Bremerton has added the Samsung GC85 with AccE Detector.

"It's up and running, all installed and the protocols we have done matches everything we need at this hospital and then some," said Gasbarri. "At this point in time on the west coast we have one of the most state-of-the-art facilities out of anywhere, from (Naval Medical Center) San Diego all the way up to here."

Gasbarri attests that the new radiologic system can support well over 100 patients daily and if necessary, is capable of operating around the clock.

"The new radiographic system is a diagnostic system used for all forms of diagnosis needs ranging from ruling out fractures in orthopedics to working with any soft tissue or organ issues that can be identified in the body," explained Gasbarri. "The radiology department sees most common orthopedic examinations but has seen an increase from other clinical aspects and this system and staff has been able to support all needs."

Additionally, the system is a digital readout with wireless transfer reporting making it directly tied to the Department of Defense electronic health record MHS GENESIS that was deployed at the command in 2017, giving immediate availability for providers to view reports and imaging conducted for that patient.

The upgraded equipment includes auto-positioning capable of moving to more than 500 exam positions - even the most frequent position can be controlled with a handheld wireless remote control – along with a motorized wall stand that allows the operator the ability to precisely position the required angle needed with just one touch of the control panel. There's also an auto-tracking option for synchronization of the movement of the tube and detector which automatically reduces repetitive workflows.

According to Gasbarri, finally getting to the point of becoming operational was no easy task. It involved a lot of moving pieces to make it a reality.

"I started the project two years ago when I first checked on board. So it is really good to see this machine up and running and fully capable," said Gasbarri, readily acknowledging that it was a team effort to accomplish bringing in the new equipment which was echoed by leadership also lauding all the Sailors' efforts.

After the command radiologic technicians received mandatory training to become certified in operating the new machinery, a ceremonial ribbon cutting was held to officially announce the new capabilities.

Capt. Shannon Johnson, commanding officer of NMRTC Bremerton, joined to congratulate the radiology team for their dedication in increasing patient care capabilities.

"I enjoyed being able to participate in the ribbon cutting ceremony for one of our newly renovated x-ray rooms. This has been a two year project, spearheaded by our own HM3 Marc Gasbarri. This is the state of the art imaging machine, and it will substantially improve patient safety, care quality, and also the overall experience of our patients and staff. Well done HM3 Gasbarri," shared Johnson.

NMRTC Bremerton Hospital Corps – adding to 125 years of legacy - June 17, 1898

From June 17, 1898 to June 17, 2022
Navy Hospital Corps 124th Birthday
'Corpsman Up!'
at NHB/NMRTC Bremerton

Navy Hospital Corps
a legacy of care, compassion, competence
NHB/NMRTC Bremerton

Parading a Tradition—Color Guard Legacy at NHB

(September 12, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — When two iconic steel I-beams from the World Trade Center attack on September 11, 2001, were transported to Kitsap County to become the focal point for a 9/11 memorial, a color guard was needed to help with the symbolic and solemn flag folding portion of the arrival ceremony in 2010.

Organizers of the event contacted Naval Hospital Bremerton.

When coordination for a Sunday morning ceremony in 2016 required a color guard to help commemorate the 15th remembrance of the Sept. 11 terrorist attacks against the U.S., they knew who to contact.

Naval Hospital Bremerton answered the call.

Even back upon the grand reopening of the new span for the Tacoma Narrows Bridge in 2007, Washington State Department of Transportation wanted to have a color guard to help formally commemorate the occasion.

They asked Naval Hospital Bremerton.

Whether opening for such diverse venues as Washington State Special Olympics, Memorial Day remembrances, Veteran's Day observations and even annual Washington State Congressional and U.S. Senate sessions, NHB Sailors have long been in demand to present the flag of the United States when requested.

The majority of the appearances for the color guard are mainly supporting local commands for Navy retirement ceremonies, change of commands, official observances and pageantries. Over the years the team has responded to requests in the state as far south as the small town of Toledo to Whidbey Island up north, across Puget Sound in Seattle and Everett areas, and throughout the greater Kitsap Peninsula supporting community events.

That dedication holds true today for the all-volunteer team of 16 NHB Sailors who willingly volunteer to parade the colors with flags and rifles and also handle other ceremonial needs such as flag folding.

They have performed 20 events in 2024 and 31 since September 2023.

“NHB color guard is a volunteer command collateral duty,” said Hospital Corpsman 2nd Class (Fleet Marine Force) Charles D. Oetting, Operational Readiness Clinic and Color Guard leading petty officer.

“[I] absolutely love it,” exclaimed Hospital Corpsman 3rd Class Ly Tran, of NHB’s Orthopedic Clinic. “It’s gratifying to be involved with the command and community.”

There can be some unique complications, especially when dealing with an unknown setting in the surrounding community. Some buildings with low ceilings were just not designed to display the colors for a ceremony.

Other venues have tight space to accommodate team members parading the colors. Outdoor settings can be at the mercy of the Pacific Northwest weather.

Yet they adapt and overcome any such obstacles.

“Starting off can be a challenge due to the unfamiliarity/comfortability,” acknowledged Oetting, also noting that since the majority of the color guard team works in a clinical capacity, it can be a stretch at times to fill the team due to patient care responsibility.

Military commands like NHB have been presenting the colors since America’s inception, which usually feature four Sailors attired in dress uniform, with the outside two holding rifles, flanking the inner two displaying flags of the United States and U.S. Navy.

Fulfilling such traditional requirements has been noteworthy for Oetting.

The most memorable? When he provided additional ceremonial duties by filling in with the boatswain whistle to ‘pipe aboard’ and ‘pipe ashore’ official parties during NHB/Navy Medicine Readiness Training Command Bremerton change of command and following retirement ceremony.

“I would say [my most memorable] is the Memorial Day at the Waterfront Park, Poulsbo and the Change of Command/Retirement for NMRTC Bremerton,” added Tran.

Oetting attests that it is rewarding being part of the team.

“Being highly thought of is gratifying regarding [our] military bearing,” Oetting said, citing that anyone interested in volunteering will learn how to be part of the dedicated team which always maintains exact Navy standards and expectations.

Tran affirms being part of the color guard is directly linked not just making a commitment to the command but also engaging in community relation involvement as well.

“It is fun and gives the chance to see and experience ceremonies that do not regularly happen,” Tran said.

“We always welcome new members,” stressed Oetting.

Connecting, Caring Communicating for Suicide Prevention at NHB

(September 10, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — As staff members filed into Naval Hospital Bremerton's Ross Auditorium for an annual training requirement, Hospital Corpsman 1st Class Robert Lee O'Bryant was positioned near the entrance, acknowledging many a young Sailor.

His stock in trade that morning can be described as corpsman candor, helping to address the uncomfortable subject of suicide awareness in his role as a [Navy] Applied Suicide Intervention Skills Training petty officer.

For O'Bryant, a Louisville, Kentucky native, it all starts with open communication.

Most Sailors know his voice, which routinely resonates with others in an exchange of dialogue throughout the day. But that's just a minor part of the communication process.

"Listen, listen, listen. Observe and listen some more," stressed O'Bryant. "Sailors will tell you if they're not doing okay. We just need to listen. Developing that buy in, making sure people know they are a part of the team, is huge. We're not a conglomerate of people who simply work together. The bonds we forge go up and down the chain of command."

The Suicide Prevention Program Annual Training at NHB, led by Chief Yeoman Andrew Turner, is a requirement which prioritizes incorporating violence prevention strategies to establish a culture of safety and prevent suicide in Navy communities.

Turner spoke directly to those in attendance. His talk was not just data points and compiled statistics. He shared a heartfelt – and impactful - personal experience about another staff member at an earlier overseas command who took their own life with a firearm.

Audience members were asked who owns a firearm. For every hand raised, Turner, O'Bryant and HM1 Lee Halls handed out a gunlock.

“A shout out to Chief Turner. His training was the most engaging and informative suicide prevention general military training I have attended in my Navy career. He was excellent,” stated Lt. Cmdr. Sakshi Sharma, Mental Health department psychologist.

“Death by firearm is the largest category of suicides. Therefore, educating and encouraging weapon safety with Sailors who have access to lethal means is critical,” O’Bryant said, who also added that peer-to-peer communication plays a vital role in helping someone deal with a stressful situation.

“We can never forget what makes our Navy so special. Our people,” remarked O’Bryant.

“If we don’t know what makes our peers and Sailor’s tick, how can we ever know the clock is broken?” continued O’Bryant. “For leaders, intrusive leadership isn’t knowing everything, but it is knowing enough to know when something is off. If I know enough to ask the pointed questions, I cannot fail my fellow Sailor in a critical hour. As far as peers, we see each other constantly on a different basis. Being willing to seek help is a sign of strength. Reporting that someone might need help is also a sign of character.”

“Peer-to-peer involvement is crucial because we are only with our patients for an hour a week or every other week. But their peers - and leaders - are around them the majority of working hours, can detect changes and warning signs early, and get Sailors to help before it’s too late,” added Sharma.

O’Bryant affirms that whether in a group or one-on-one, talking about suicide comes with a number of challenges.

“It’s uncomfortable. It forces people to be direct. Asking someone “Are you thinking of killing yourself?” or “Are you thinking of suicide?” is not an easy ask,” admits O’Bryant. “It takes bravery. But if it was an easy question, no one would have a problem asking it.”

There are also perceived stigmas to refute.

“Some have a preconceived bias against suicide. We can teach with PowerPoints until we are blue in the face. But until someone like YNC Turner tells an actual story they experienced, [some] Sailors will just gloss over training. It’s about understanding the problem and understanding our Sailors,” said O’Bryant.

Any suicide is one too many. Although it’s a somber topic to address, O’Bryant realizes that there might be that one Sailor who needed to be reached.

“When you see a Sailor comprehend what you’re teaching and they’ve bought in, that’s a aha moment for them. They understand we are here to help. They understand that in all the darkness, there is a light, and furthermore, they now know who they can talk to,” exclaimed O’Bryant, also indicating it’s gratifying when a staff member goes out their way to thank him for the training.

“There is no better feeling. Something you said or did because you actually care about the program sticks with people,” O’Bryant said. “I feel the best when a Sailor stops me in the hallway and says the training gave them the knowledge they needed to help a friend or themselves.”

Unfortunately, there are times when warning signs are not easily visible.

A short video clip shown by Turner during the Suicide Prevention Program Annual Training dramatically made that apparent. Two spectators sitting next to each other are taking in a ball game. One exuberant. The other cheerless. Yet at the next contest, it was the somber fan in his place. The seat next to him was empty.

O’Bryant’s goal is to ensure that never happens.

“The reason I exist as a first class petty officer is to nurture the ones who will one day take my spot,” shared O’Bryant.

The Department of Defense recognizes September as Suicide Prevention and Awareness Month through its campaign, “Joining Your Fight: Connect to Protect.”

For anyone having a mental health crisis, please call 988 for the Military and Veteran Crisis Line, press 1 or text 838255 or chat with a live counselor. For Spanish, press 2. Civilians can also call 988 to reach the National Suicide and Crisis Line.

I Am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 2nd Class Cade Crenshaw

(May 31, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- With May designated by the Department of Defense as Mental Health Awareness Month, there is one definitive aspect which Hospital Corpsman 2nd Class Cade Crenshaw wants everyone to know about mental health.

"Mental health isn't a one size fits all. Just because something works for someone else doesn't mean it will work for you. Don't compare your process with that of someone else. We're all different," said Crenshaw. "Look out for your friends and coworkers. Sometimes a simple conversation can make a big difference for someone going through a tough time.

A behavioral health technician like Crenshaw - assigned to NHB/ NMRTC Bremerton Mental Health department – is a hospital corpsman with specialized training in mental health. They serve as an extension of a licensed mental health provider to ensure service members are able to access care should they need it.

Crenshaw affirms that he and other Navy behavioral health technicians are very versatile in the line of work they do assisting psychologists and psychiatrists performing assessments, handling crisis triages, and facilitating interactive groups. He also does short-term counseling, aids with operational stress control and manages psychological testing.

"We are able to be at military treatment facilities [like Naval Hospital Bremerton], on ships, and even with Marines. We assist psychologists, psychiatrists, and clinical social workers with seeing patients, and are able to conduct therapy sessions, as well as psychoeducational groups," explained Crenshaw, from Gretna, Louisiana and 2019 graduate from Wakulla High School, Crawfordville, Florida, currently enrolled in Purdue University working towards his Bachelor of Science in Psychology in Applied Behavioral Analysis.

"The most challenging part of my position is not being able to do more," noted Crenshaw, leading petty officer for Mental Health department and the Substance Abuse Rehabilitation Program.

His chosen career choice can at times be demanding. Yet he continues to increase his behavioral health tech skill set as he finishes his psychology degree. "My goal is to become a psychologist in the Navy," said Crenshaw, who is an integral part of NMRTC Bremerton's Mental Health department.

They offer a wide array of outpatient behavioral health services such as individual psychotherapy, operational and readiness-related psychological evaluations, and Personnel Reliability Program personnel evaluations to Sailors, Marines and Coast Guard across nearly 300 tenet commands in the Pacific Northwest and as far afield as Naval Air Station Lemoore.

In 2023 Crenshaw and other behavioral health technicians managed a high level of clinical involvement, including providing 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care. Yet those numbers only tell the statistical side.

"The most gratifying aspect of my position is being able to see the service members I work with improve in ways they didn't think they would be able to," Crenshaw said, sharing a few tips how someone can increase their awareness regarding mental health.

“Always check your local area to see what is available to you, such as Fleet and Family Support Center [1-866-854-0638, www.navylifepnw.com/] and Military OneSource [1-800-342-9648, outside the continental U.S.: 800-342-9647 or 703-253-7599 or at www.militaryonesource.mil/]. They are fantastic resources and have great availability. Chaplain services [360-396-6005/duty chaplain: 360-434-4576] are also a great resource [in this area] to reach out to. They can recommend some other avenues maybe someone hasn’t thought of before,” advocated Crenshaw.

Crenshaw and the other behavioral health techs realize that there are unseen barriers in place for some to even consider seeking mental health. Part of their responsibilities has been to help refute any hesitation so someone in need can seek appropriate resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

“The best way, in my opinion, to destigmatize mental health is to talk about it,” stated Crenshaw. “It shouldn’t be treated as a taboo subject and kept to whispers and close door conversations. I don’t mean share your personal stuff with random people but normalize talking about asking for help when you need it, and that its okay to need help. We’re humans, not robots. Sometimes we need a little extra support.”

The Substance Abuse Rehabilitation Program is another example of available extra support. SARP saw over 4,500 patients last year alone. They engaged in clinical logistics support with receipt and review of 307 Drug and Alcohol Program Advisor packages on behalf of service members from commands throughout the Pacific Northwest region, scheduled 318 screening appointments for those engaged with their command DAPA as self-referrals or command referrals, and coordinated appropriate level of care needs for 318 patients within the clinic or by way of clinical placement through case management.

Sailors and Marines are able to come to NHB’s Mental Health clinic for appointments or for groups. One readily available resource at NMRTC Bremerton is ‘Mental Health Office Hours,’ for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

Crenshaw has been a part of Navy Medicine since 2020 after being initially interested in joining while in high school when he did Navy Junior Reserve Officers Training Corps.

“I was always interested in doing something to help others. Medicine just happened to be what I became passionate about,” said Crenshaw.

Navy Medicine has taken him to the Caribbean and being stationed at NMRTC Guantanamo Bay, Cuba before his current duty in the Pacific Northwest at NMRTC Bremerton

When asked to sum up is Navy career to date, Crenshaw replied, “The best part of my career so far has been being able to meet and work with some amazing people and form really close bonds with them.”

The 988 Suicide and Crisis Lifeline provides free and confidential support for individuals in crisis. If you or someone you know is struggling or in crisis, call or text 988 or https://988lifeline.org

I am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 3rd Class Gunnar Haskill

(May 20, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 3rd Class Gunnar Haskill was asked to sum up his Navy Medicine career in one word, he replied, “Fulfilling.”

Haskill is a behavioral health technician assigned to NMRTC Bremerton. He assists psychologists and psychiatrists by performing assessments, handling crisis triages, and facilitating interactive groups. He also provides short-term counseling, helps with operational stress control and does psychological testing.

“Here at the Mental Health Clinic, we do everything from seeing patients to front desk work. There is always something to do,” said Haskill, from Visalia, California. The Redwood High School 2017 graduate with a College of the Sequoias associate of arts degree from 2019 is also on track to receive a bachelor’s degree in business management from Grand Canyon University in September.

Haskill and other BHTs provide vital medical specialty care, as well as help others to understand the importance of mental health.

“I want everyone to know that here at Mental Health Clinic we are here for them,” Haskill said. “It is not shameful to seek out mental health. It is the bravest thing to do in our eyes.”

Just for the last year, Haskill and other behavioral health technicians handled a high level of clinical involvement, including providing 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care.

“I think the department here as a whole has been great at helping remove barriers of mental health by simply raising awareness and giving useful tools they could use,” said Haskill.

The BHTs in Mental Health’s Substance Abuse Rehabilitation Program also engaged in clinical logistics support, with receipt and review of 307 Drug and Alcohol Program Advisor packages on behalf of service members from commands throughout the Pacific Northwest region, scheduling 318 screening appointments for those engaged with their command DAPA as self-referrals or command referrals, and coordinating appropriate level of care needs for 318 patients within the clinic or by way of clinical placement through case management.

“Behavioral health technicians are needed because there has been an increase in uniform members seeking out mental health,” said Haskill. “It is something that we are very happy about as people are finally breaking the stigma of mental health.”

Military leaders acknowledge that the aforementioned stigma is still in place for some to even consider seeking mental health. Haskill helps refute that notion by affirming that anyone can seek resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

One such readily available resource at NMRTC Bremerton is ‘Mental Health Office Hours,’ for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

“The hardest thing is taking that first step,” noted Haskill, who took his own initial stride in 2019 to join the Navy.

“My Navy Medicine career began when I found out what a hospital corpsman was. I was working as an emergency medical technician in college and heard about the versatility of a corpsman and was sold. I was interested in Navy Medicine mainly to help those who needed help,” related Haskill, readily acknowledging that service before self is a familial trait.

“I am from a family of service. My father was a cop and special agent for the Department of Justice. My mother was a trauma and burn nurse. Seeing how they have helped people made me want to join. Both my brother and I joined the service out of junior college. He was in the U.S. Coast Guard and did the law enforcement side while I joined to get on the medical side. We also have a younger sister who just completed her first year of law school at University of San Diego. I also have a wife who is my biggest supporter in everything I do,” stated Haskill.

In his relatively short tenure, Navy Medicine has taken Haskill to a number of locales within the U.S. and to the far side of the Pacific on Guam, Japan and transiting the South China Sea.

“Corpsmen are very versatile. Knowing how to treat someone physically and mentally is very important. It allows us to assess someone as whole instead of just an injury,” reflected Haskill, adding that the best part of his career to date has been deploying onboard USS Carl Vinson (CVN 70) from August 2021 to February 2022. “I met a lot of lifelong friends and got to be a corpsman on both sides, responding to emergencies and doing mental health.”

There have been trials along the way, but they’ve been mitigated with heartwarming instances.

“The most challenging aspect of my position is knowing how you are going to approach a patient. Knowing how to

ask the questions needed and getting in the flow makes it a lot easier. It just takes time and practice," explained Haskill. "The most gratifying aspect of being a behavioral health technician is seeing someone get better. Seeing people when they are the lowest of lows is never fun. But seeing them progressively get better makes this job well worth it."

"It takes a lot to be a behavioral health technician but is well worth it. Being a corpsman with these skills are great," added Haskill.

I Am Navy Medicine – Behavioral Health Tech – Hospital Corpsman 2nd Class Kevin Jiang

(May 20, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- There's a sensible standard that Hospital Corpsman 2nd Class Kevin Jiang wants everyone to know when it comes to mental health.

"You don't have to wait until you have a problem to seek mental health," said Jiang, a behavioral health technician assigned to Navy Medicine Readiness Training Command Bremerton.

With May designated as Mental Health Awareness Month by the Department of Defense, the role of BHTs like Jiang are crucial in helping to increase understanding of the importance of mental health and awareness.

"A Navy behavioral health technician is a specialty within the corpsman rating that focuses on mental health and wellness of service members," explained Jiang, a Los Angeles, California native, Temple City High School 2016 graduate and Grand Canyon University 2022 alumni.
"Technicians are supervised under psychologists, psychiatrists and other mental health professionals to provide the best level of care for service members."

There was a high level of clinical involvement from Jiang and other behavioral health technicians, characterized by their engagement in 198 safety checks, 1,092 access-to-care appointments, and 130 group therapy sessions as well as individual patient follow-up care.

"A Navy behavioral health technician is responsible for triage assessments, safety assessments, treatment planning, short term individual therapy, cofacilitation of group therapy and crisis intervention," Jiang said. "BHTS are vital

in providing quality mental health care to service members to improve effectiveness and individual quality of life."

Military leaders have acknowledged that there's [still] barriers in place for some to even consider seeking mental health. Jiang and his department help clear such hurdles for anyone seeking resources for treatment and support without fear of judgment or impact to their career or security clearance eligibility.

One such readily available resource is the Mental Health department's 'Mental Health Office Hours,' for active duty service members to drop-in any Thursday between 8 a.m. and 9:30 a.m. for questions, consultations, connection to care, support, resources and information needs.

"I think the Mental Health [Office] Hours are phenomenal in taking those first steps. It's a safe space where you can talk and decide with the provider your next steps," recommended Jiang, noting that as a whole, the mental health department does an excellent job in reaching people who want to engage in its services.

"Treatment is [usually] self-initiated," added Jiang. "Service members usually come to the clinic front desk to be scheduled or they can talk to a provider or independent duty corpsman in putting in a referral."
BHTs also take their specialty training on the road, supporting Navy fleet needs by deploying on surface ships as well as assisting several commands with Special Psychiatric Response Intervention (SPRINT) missions to provide short-term mental health support after traumatic events to lessen long-term psychiatric dysfunction and promote maximum psychological readiness.

"Being a corpsman with a BHT rating allows me to be more thorough in providing medical care," Jiang said. "I am a better listener and a better communicator. It is not only about service members being physically healthy but also psychologically resilient."

The Mental Health department mirrors the Defense Health Agency in encouraging resiliency by including a few daily routines which anyone can implement to help increase coping skills such as exercise, balanced nutrition, quality sleep, relaxation/meditation, goal setting and establishing social support connections. Jiang also advocates including a few easy steps which anyone can apply in the help of others.

"One of the biggest tips I can give is to follow up with others. Regular check ins with individuals to see how they are doing and to offer support goes a long way," said Jiang, also stressing for others to prioritize self-care, "and do things that bring you joy!"

Jiang has been in Navy Medicine for five years and serves as his clinic referral manager. It was after completing his second year at University of California Riverside when he decided to enlist as a Navy hospital corpsman.

"I was finishing up my bachelor's degree in psychology and wanted to do something new. My friend enlisted as a corpsman after he finished high school. I followed his footsteps. I always envisioned myself working in the medical field," related Jiang. "Through the Navy, I have developed discipline, resilience and a sense of identity. I have also gained experience in collaborating with diverse individuals, which has improved my communication and problem-solving skills."

There have been intangible rewards from his efforts helping others in need.
"The most gratifying aspect of my position is witnessing the progress and growth of patients throughout their treatment journey," Jiang said.

Although NMRTC Bremerton is Jiang's only duty station, he did augment a Defense POW/MIA Accounting Agency deployment to Vietnam for a remains recovery mission at the end of 2023.

"I provided medical support to my team and local Vietnamese workers," shared Jiang. "I was glad I had the opportunity to work with my independent duty corpsman to provide medical support."

Yet despite his affinity with is current position, Jiang has always harbored dreams to be a physical therapist.

Which means he'll be able to treat body, as well as mind.

When asked to sum up his experience with Navy Medicine in one sentence, Jiang replied, "My experience has been rewarding, shaping me to be skilled and resilient."

When Stars Align at NMRTC Bremerton

(May 24, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When command approval was timely needed for a Sailor, Senior Chief Hospital Corpsman Eric Morgan went and got it.

Even it took traveling a long distance to get the signature.

Such a scenario – and others similar - help exemplify Morgan's commitment to his Sailors. That dedication did not go unnoticed, either by his Sailors or the powers that be.

When Navy enlisted advancement results for pay grades E8 and E9 were announced May 22, 2024, it was readily apparent to Navy Medicine Readiness Training Command Bremerton staff members that quality took precedence over quantity.

Two new master chief hospital corpsmen–Morgan and Walter Sladek II - and one new senior chief hospital corpsman – Michael Devito - were announced at the military treatment facility.

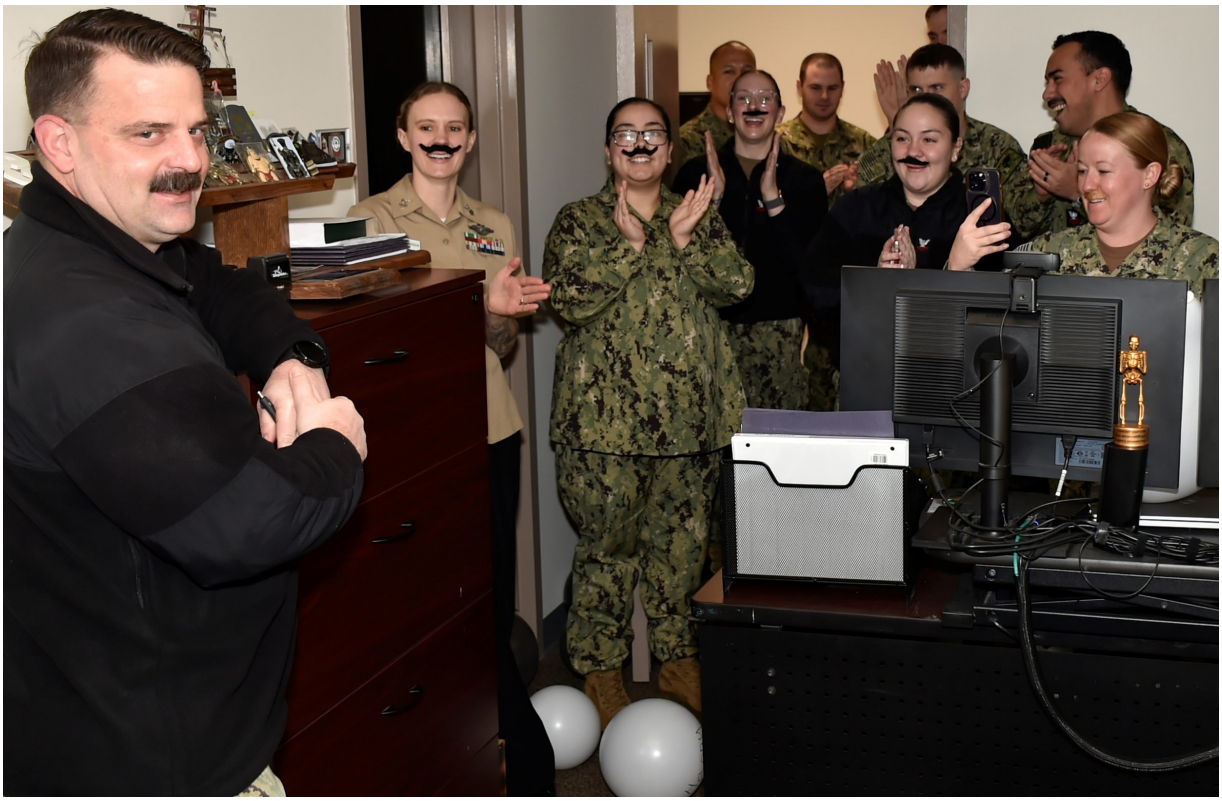
"Those of you who know these Sailors are aware of the quality of their character, strong work ethic, and their dedication in caring for Sailors at the deckplate. They represent the absolute best of Navy Medicine's senior enlisted leadership. Bravo Zulu," said Capt. Patrick Fitzpatrick, NMRTC Bremerton commanding officer and Naval Hospital Bremerton director.

Morgan and Sladek will be promoted into their next rank connected to a billet when they accept their next assignment. Devito selection as meritoriously screened reorders his seniority into the top ten percent range of all those selected for senior chief.

"That's a very big deal," stated Fitzpatrick.

Echoes of applause and shouts of acknowledgement filled the command suite hallway.

"We knew the results were coming out with long odds on being selected. It was a surprise. A really nice sur-



prise," exclaimed America Morgan, command ombudsman and medical record technician.

For Eric Morgan, a Otsego, Michigan native, his tenure as NMRTC Bremerton's interim command master chief has provided not only a foundation of senior enlisted advisor insight, but it's now anticipated – and expected - that the interim will be officially removed upon reaching his new command.

After enlisting in May 1999, Morgan has been assigned to Surveillance and Target Acquisition platoon, Weapons Company, 3rd Battalion 3rd Marine in Kaneohe Bay, Hawaii and two years later transferred to Heavy Combined Arms Assault Team platoon, completing a four-year tour there with unit deployment programs to Okinawa, Japan, Operation Crocodile in Australia, and Joint Task Force 510 in Zamboanga, Philippines during which he earned his Fleet Marine Force Warfare qualification. He then transferred to Branch Medical Clinic Naval Air Station North Island and deployed on hospital ship USNS Mercy (T-AH 19) in support of Operation Unified Assistance for the Indonesian Tsunami Relief effort.

In 2006, Morgan attended the Naval School of Health Sciences, San Diego for Advanced X-Ray School which lead to being assigned to Robert E. Bush Naval Hospital Twentynine Palms. It was then back across the Pacific. He reported to Branch Health Annex Camp Fuji, Japan in 2010. In Spring of 2011 he led Camp Fuji Marine in providing critical support during Operation Tomodachi. He served as the senior medical department representative at Sendai Airport, handling sick-call and preventive medicine needs. He also conducted clean-up efforts, personnel recovery, and food, fuel, and water supply delivery to over 30,000 displaced Japanese citizens. After Operation Tomodachi, he took an Individual Augmented deployment to Bahrain in support of Operation Enduring Freedom from August 2011 to March 2012.

His next two years were spent down range in Afghanistan, primarily in volatile Helmand Province before transferring to the 1st Marine Logistics Group where he was selected to chief petty officer in 2015. After that it was to Naval Medical Center San Diego which included back on USNS Mercy for Pacific Partnership 2018. His next assignment was USS Nimitz (CVN 68) before arriving at his current duty station.

When Sladek was informed of his selection to master chief, he immediately shared the news with Ada, his wife of 22 years. "Who is a former Sailor and hospital corpsman," mentioned Sladek, acknowledging that his rank is both a privilege and a responsibility.

"It means reaching the pinnacle and highest enlisted paygrade attainable and being able to continue to help guide the next generation of leaders in our field. It requires selflessness, as it is not just about personal achievement but about making a positive impact on the mission and others," stated Sladek.

His promotion also adds to a familial legacy of service.

"As a third generational U.S Navy Sailor, I am able to serve with my youngest brother who was just promoted to chief hospital corpsman this last summer," Sladek said, noting that he will continue to add to his Navy career of 25 years. "This will extend my career and allow me to continue doing what I love which is helping others and building and guiding the future of the Navy and of Navy Medicine."

Added Sladek, “There’s three principles that has helped me through my career; Be present, take care of your people and control what you own.” Devito was on leave when he was told the news of being selected.

“Received a nice phone call from my commanding officer while on leave. It has been an interesting couple of years, and I am truly humbled and grateful to have been able to work for an amazing group of Sailors. Thank you to my mentors and the [Chiefs] Mess for continually challenging me to be better,” shared Devito, readily identifying Sara Kircher-Devito, “none of this would be possible without you and the boys support and patience.”

SECNAV visits Branch Health Clinic Everett David R. Ray Clinic
(Feb. 14, 2024) A Surprise SECNAV Snapshot… Secretary of the Navy Carlos Del Toro met with hospital corpsman assigned to Navy Medicine Readiness Training Unit Everett David R. Ray Clinic while visiting Naval Station Everett Feb. 14, 2024. The clinic tour provided Secretary Del Toro the opportunity to meet and greet several of the approximately 80 staff members comprised of Navy Dental Corps, Hospital Corps, Medical Corps, Medical Service Corps, Nurse Corps and Civilian Corps personnel (Official Navy photo by Douglas H Stutz, NHB/ NMRTC Bremerton public affairs officer).

April 1, 1945 Remember—Battle for Okinawa A Lasting Memory

(April 1, 2024) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer—What began as the largest amphibious operation during WWII in terms of troops, tonnage and firepower on April 1, 1945, ended as the bloodiest struggle in the Pacific campaign.

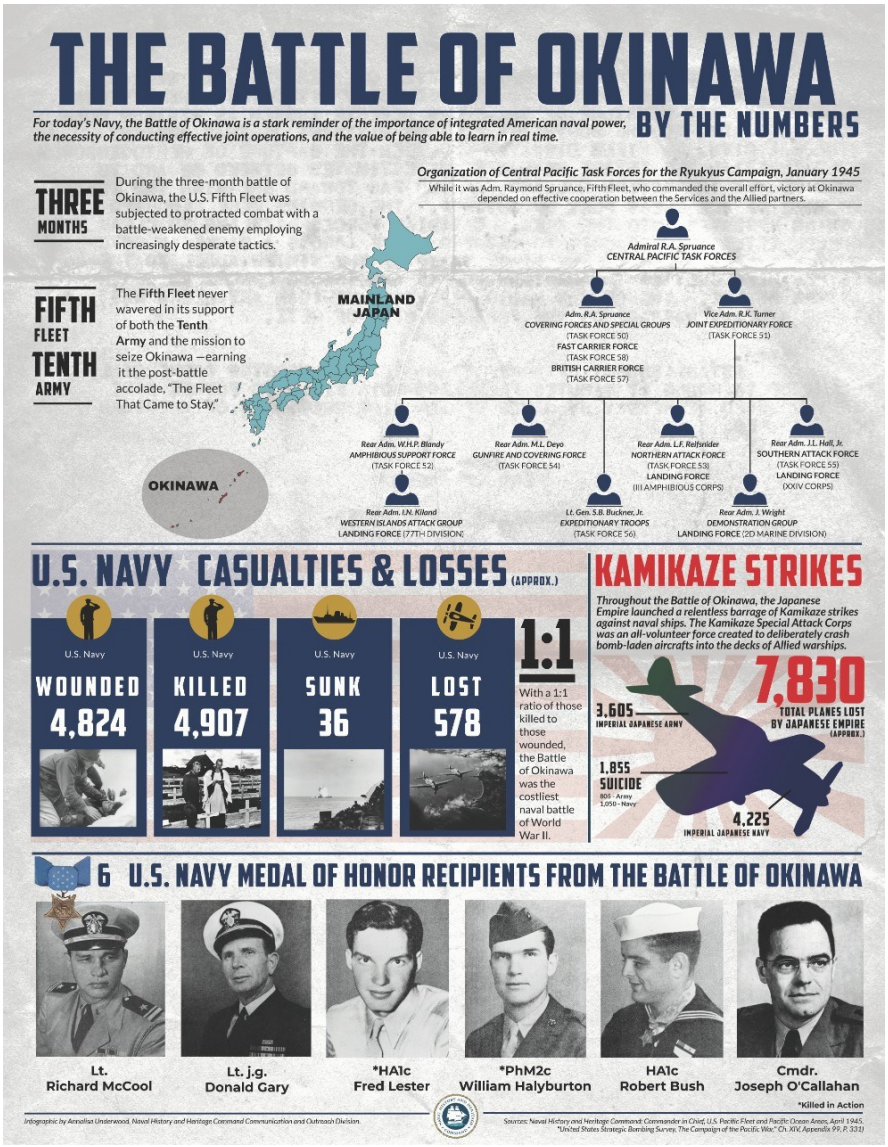
The Battle of Okinawa lasted 82 harrowing days and is considered one of the most merciless of the war with American casualties reaching a staggering 49,151, of which 12,520 were killed or missing.

New York Times front page coverage on June 21, 1945, claimed the battle the "costliest fighting of the Pacific."

The compiled casualty totals are a somber reflection of that banner headline. The Marines suffered 2,938 killed in action/missing and 13,708 wounded, the Army lost 4,675 killed and 18,059 injured and the Navy had 4,907 killed and 4,824 wounded.

The Imperial Japanese Thirty-Second Army was decimated, with between 100,000 and 115,000 losing their lives.

Between the two fierce antagonists, the entire island became a battlefield. There was no safe refuge, no-man's land, or sanctuary.


THE BATTLE OF OKINAWA
BY THE NUMBERS
For today's Navy, the Battle of Okinawa is a stark reminder of the importance of integrated American naval power, the necessity of conducting effective joint operations, and the value of being able to learn in real time.
THREE MONTHS
During the three-month battle of Okinawa, the U.S. Fifth Fleet was subjected to protracted combat with a battle-weakened enemy employing increasingly desperate tactics.
FIFTH FLEET
TENTH ARMY
The Fifth Fleet never wavered in its support of both the Tenth Army and the mission to seize Okinawa —earning it the post-battle accolade, "The Fleet That Came to Stay."
MAINLAND JAPAN
OKINAWA
Organization of Central Pacific Task Forces for the Ryukyus Campaign, January 1945
While it was Adm. Raymond Spruance, Fifth Fleet, who commanded the overall effort, victory at Okinawa depended on effective cooperation between the Services and the Allied partners.
Admiral R.A. Spruance
CENTRAL PACIFIC TASK FORCES
Adm. R.A. Spruance
COVERING FORCES AND SPECIAL GROUPS
(TASK FORCE 50)
FAST CARRIER FORCE
(TASK FORCE 58)
BRITISH CARRIER FORCE
(TASK FORCE 57)
Vice Adm. R.K. Turner
JOINT EXPEDITIONARY FORCE
(TASK FORCE 51)
Rear Adm. W.H.P. Blandy
AMPHIBIOUS SUPPORT FORCE
(TASK FORCE 52)
Rear Adm. M.L. Deyo
GUNFIRE AND COVERING FORCE
(TASK FORCE 54)
Rear Adm. L.F. Reifsnider
NORTHERN ATTACK FORCE
(TASK FORCE 53)
LANDING FORCE
(III AMPHIBIOUS CORPS)
Rear Adm. J.L. Hall, Jr.
SOUTHERN ATTACK FORCE
(TASK FORCE 55)
LANDING FORCE
(XXIV CORPS)
Rear Adm. I.N. Kiland
WESTERN ISLANDS ATTACK GROUP
LANDING FORCE (77TH DIVISION)
Lt. Gen. S.B. Buckner, Jr.
EXPEDITIONARY TROOPS
(TASK FORCE 56)
Rear Adm. J. Wright
DEMONSTRATION GROUP
LANDING FORCE (2D MARINE DIVISION)
U.S. NAVY CASUALTIES & LOSSES (APPROX.)
U.S. Navy
WOUNDED
4,824
U.S. Navy
KILLED
4,907
U.S. Navy
SUNK
36
U.S. Navy
LOST
578
1:1
With a 1:1 ratio of those killed to those wounded, the Battle of Okinawa was the costliest naval battle of World War II.
KAMIKAZE STRIKES
Throughout the Battle of Okinawa, the Japanese Empire launched a relentless barrage of Kamikaze strikes against naval ships. The Kamikaze Special Attack Corps was an all-volunteer force created to deliberately crash bomb-laden aircrafts into the decks of Allied warships.
7,830
TOTAL PLANES LOST BY JAPANESE EMPIRE (APPROX.)
3,605
IMPERIAL JAPANESE ARMY
1,855
SUICIDE
800 - Army
1,050 - Navy
4,225
IMPERIAL JAPANESE NAVY
6 U.S. NAVY MEDAL OF HONOR RECIPIENTS FROM THE BATTLE OF OKINAWA
Lt.
Richard McCool
Lt. j.g.
Donald Gary
*HA1c
Fred Lester
*PhM2c
William Halyburton
HA1c
Robert Bush
Cmdr.
Joseph O'Callahan
*Killed in Action
Infographic by Annalisa Underwood, Naval History and Heritage Command Communication and Outreach Division.
Sources: Naval History and Heritage Command; Commander in Chief, U.S. Pacific Fleet and Pacific Ocean Areas, April 1945.
"United States Strategic Bombing Survey, The Campaign of the Pacific War," Ch. XIV, Appendix 99, P. 331)

"According to most of the Okinawan folks I know, there were three sides to the Battle of Okinawa: The U.S. military, the forces of Imperial Japan, and the Okinawan people caught in the crossfire. The prevailing themes among all sides in terms of remembrance are courage, sacrifice, and profound loss," said Brian Davis, Naval Supply Systems Command Fleet Logistics Center Puget Sound public affairs officer, who on active duty was assigned to several commands on Okinawa as a hospital corpsman and upon retirement after 20 years worked at U.S. Naval Hospital Okinawa as civil service and public affairs officer.

Davis noted that even 79 years after that fateful struggle, there are many hallowed commemorations on the island.

"Memories are everywhere. There are a number of Marine Corps camps – Kinser, Foster, Courtney, Hansen, Gonsalves—that were named for Marines in memory of their sacrifice and heroism during the battle," explained Davis. "Camp Lester, the site

of the original U.S. Naval Hospital, was named for Fred Faulkner Lester, a corpsman assigned to a rifle platoon who was posthumously awarded the Medal of Honor for his actions during the battle."

The objective was to secure the island, thus removing the last barrier standing between U.S. forces and Imperial Japan. The premise was straightforward. Securing the island, only 400 miles from Japan, would establish a looming forward base for the pending assault to invade the Japanese mainland.

Similar to the recent horrific struggle for Iwo Jima, the limestone and coral features on Okinawa were festooned with deeply dug in caves, tunnels and hidden gun emplacements. Massive naval and air bombardment across the entire landscape didn't dent the fortified bunkers – and deeply dug in - defenders as hoped. For their part, the Imperial Japanese Army allowed the Americans to land relatively unopposed, waiting until they entered carefully created killing zones.

Davis attests those months of bombing – followed by fierce combat - reduced the island's cities, farms, and villages to smoking rubble.

"It is rare to find any homes or buildings that predate the war in areas where the fighting occurred," Davis remarked.

Although figures vary, it is estimated that between 110,000 and 150,000 Okinawan civilians - many conscripted as defenders with others designated for manual labor or providing food to the Imperial Japanese troops - were also killed.

"The Okinawans have built a number of memorials to their war dead. Every single one is a moving, somber experience. Their stories, photos, and memorabilia are the most haunting," David said, adding that long after the warfare, that nightmarish still endures.

"It continues to resonate through the fabric of the island and its people nearly eighty years after the guns went silent. You can still see the effects in daily life, manifesting in both physical and intangible ways. There are neighborhoods where you can still walk past concrete walls pock marked by machine gun bullets. The battle and its aftermath are even reflected in such mundane places as the local cuisine. After the battle, U.S. troops introduced things like C-rations, peanut butter, and canned meat to a starving population, who then learned ways to incorporate these strange foodstuffs into their traditional recipes. Versions of Okinawan sato andagi donuts and chinsuko shortbread cookies incorporating peanut butter are commonplace today," related Davis.

Davis related a chance meeting he had with an elderly resident on Kouri island – off Okinawa's northwest coast - who told him about his experiences as a young man during the battle.

According to the old man, Japanese soldiers arrived in his village early one morning and rounded up all the farmers and fishermen. They drove off to a nearby beach, disembarked, and handed each man a bamboo pole with a knife lashed on the end of it. With the invasion force offshore and stretching to the horizon, the senior Imperial Japanese soldier ordered the men to hide and wait for the U.S. troops to land. When the Americans came ashore the men were supposed to jump out and try to stick their makeshift spear into at least one enemy soldier before getting shot. Then the soldiers drove off, leaving this group of farmers and fisherman on the beach. Once the soldiers were out of sight, the men looked at each other, shrugged, tossed away their weapons, and walked home to their families.

Yet such a quirk of fate was not common at that time nor that place. The fighting was brutal. At times hand-to-

hand. Mortar and machinegun gave way to bayonet and sword. The bloody struggle swayed back and forth.

In the midst of that fray were 24 service members who received the Medal of Honor. Thirteen went to Navy corpsmen with their Marines, nine to soldiers, and one to a Navy officer. Along with Lester, previously mentioned, another notable recipient was Hospital Apprentice 1st Class Robert E. Bush, presented the Medal of Honor "for conspicuous gallantry and intrepidity at the risk of his own life above and beyond the call of duty while serving as medical corpsman with a rifle company in action against enemy Japanese on Okinawa Jima, Ryukyu Islands on 2 May 1945.

Fearlessly braving the fury of artillery, mortar, and machine-gun fire from strongly entrenched hostile positions, Bush constantly and unhesitatingly moved from one casualty to another to attend the wounded falling under the enemy's murderous barrages.

As the attack passed over a ridge top, he was advancing to administer blood plasma to a Marine officer lying wounded on the skyline when the Japanese launched a savage counterattack. In this perilously exposed position, he resolutely maintained the flow of lifegiving plasma.

With the bottle held high in one hand, he drew his pistol with the other hand and fired into the enemy's ranks until his ammunition was expended.

Quickly seizing a discarded carbine, he trained his fire on the Japanese charging pointblank over the hill, accounting for six of the enemy despite his own serious wounds and the loss of one eye suffered during his desperate battle in defense of the helpless man.

With the hostile force finally routed, he calmly disregarded his own critical condition to complete his mission, valiantly refusing medical treatment for himself until his officer patient had been evacuated and collapsing only after attempting to walk to the battle aid station."

Bush was all of 18-years old at that time and was the youngest corpsman – born in Tacoma, Washington - to receive the nation's highest military decoration. He passed away November 8, 2005.

For more Navy Medicine coverage: https://www.navy.mil/Press-Office/News-Stories/Article/3302899/the-hospital-corpsmen-of-iwo-jima-stories-of-valor-and-sacrifice/

Amtracks from U.S. task force coming ashore on Okinawa, Ryukyus Islands, 1 April 1945., from Navy History and Heritage Command archives

Navy Hospital Corps Distinction of Duty

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – There are 58 names prominently displayed on Naval Hospital Bremerton's Heroes Wall of Honor.

Everyone is a Navy hospital corpsman who lost their life after 9/11.

There are no medics listed, which is not in any way to disparage or lessen the tremendous care, compassion and courage of any U.S. Army combat medic or U.S. Air Force aerospace medical service technician. Especially those who gave their all for another.

It's because there are no medics in the U.S. Navy. Nor have there been any since inception of the Navy Hospital Corps, June 17, 1898.

There have been a few iterations of hospital corpsmen over the years, such as surgeon's mate, surgeon's steward, loblolly boy, nurse, apothecary and bayman, hospital steward, hospital apprentice and pharmacist's mate.

But no medic.

With nearly 127 years of accumulated legacy, along with years stretching back to the Revolutionary War and Civil War, hospital corpsman have somehow become a forgotten fact to more than one national publication, including several specifically tailored to U.S. military audiences.

What to make of such a gaffe, even if unintended? Are there any actual differences between a Navy corpsman and an Army medic, putting aside point of pride which both have earned?

“I believe the main difference between hospital corpsmen and Army or Air Force medics is the scope of their responsibilities within the medical field. From my deployment experiences in Iraq and Afghanistan, I observed that medics in the Army and Air Force are often trained to perform specific, limited tasks,” said Chief Hospital Corpsman Weldekiros K. Aregawi, assigned to Navy Medicine Readiness Training Command Bremerton. “In contrast, hospital corpsmen—especially those assigned as Fleet Marine Force assets or stationed aboard ships—are trained and assigned to perform a wide range of medical duties. These can include starting IVs, drawing blood, administering immunizations, applying casts, dispensing medications, and conducting basic lab tests.”

It’s presumed, perhaps due to unfamiliarity, lack of insight and possibly due to overlapping similarities, corpsmen get labeled as medics more than medics get identified as corpsmen.

“When people refer to me as a medic, I kindly correct them. I am a U.S. Navy Sailor. We are hospital corpsmen. The term medic is appropriate for soldiers and airmen,” added Aregawi.

A longtime colleague and prior hospital corpsman pointedly noted that there is a dignified contrast between corpsman and medic.

“I’ve never once referred to myself as a medic or former medic,” exclaimed Regena Kowitz, current Defense Health Network Pacific Rim public affairs officer. “There have been times when I’ve said that I was a corpsman and received blank looks, at which point I’ll clarify by saying, “like a medic in the Army but way better!””

There is a shared trait of being fearless under fire.

Hospital corpsmen are the most highly decorated rate in the U.S. Navy, to date being the collective recipients of 22 Medals of Honor, 199 Navy Crosses and 984 Silver Stars. Over 50 Army medics have received the Medal of Honor for their valor in combat.

“Hospital corpsman is the most decorated rate in the Navy,” Aregawi stated, “and with that distinction comes a responsibility to uphold and carry forward the legacy built by those who came before us.”

Hospital corpsmen form the Navy’s only enlisted corps and are also the Navy’s enlisted rating with the most personnel. There are more than 24,000 active duty and Navy Reserve hospital corpsmen assigned to Navy, Marine Corps and joint command assignments, with nearly 30 percent women, compared to over 39,000 active duty, Army Reserve and National Guard combat medics, with over 28 percent women (yet another commonality).

The military occupational specialty for Army combat medics is called 68W, referred to by the call sign Whiskey. A Navy corpsman earns what is referred to as a Navy Enlisted Classification code. Both receive training to learn the fundamental aspects in their chosen medical field, along with additional training to become more specialized.

We reached out to NMRTC Bremerton’s 127th Hospital Corps committee for their take on the distinction between hospital corpsman and medic.

“I think the biggest difference is how corpsmen are a more multi-versed group whereas medics are divided by specialty to create a different military occupational specialty [MOS]. As corpsmen, we work in emergency medicine, preventative medicine, surgery, dental, radiology, laboratory, mental health, education, admin, and more. We acclimate to whatever billet we are placed in. Medics, traditionally, stay within their specialty only and are not sent to a specialty without having that MOS specific training,” shared Hospital Corpsman 2nd Class Sierra Valdez, assigned to Patient Administration.

Corpsmen like Valdez tailor their skillset in some 39 specialties – whether subsurface as a deep sea diving independent duty corpsman to a shipboard IDC – all with advanced training opportunities.

Conversely, an Army medic can further hone their skills and become a Special Forces medical sergeant learning trauma and critical care medicine, and how to identify illnesses and handle injuries in the field. A trained medic can be part of a combat unit or get specialized training in such fields as physical therapy or as surgical technicians.

NHB/NMRTC Bremerton Webpage:
https://bremerton.tricare.mil/

NHB/NMRTC Bremerton Official Facebook site:
https://www.facebook.com/navalhospitalbremerton

NHB on Defense Video Info Distro Service:
https://www.dvidshub.net/tags/news/nmrtc-bremerton

NHB Command Ombudsman:
nhb.ombudsman@gmail.com

Another common denominator all branches share, and what sets them completely apart from their civilian counterparts, is that wearing the cloth of the nation means they can be called away at a moment's notice to provide support when needed. They deploy. Away from home. For months at a time.

Combat medics get assigned to infantry units across the globe, as well as working at stateside military treatment facilities. They lend support during humanitarian assistance and disaster relief needs. During the pandemic years [2020-2023], Army medics helped set up a 250-bed field hospital up the road from Madigan Army Medical Center at Seattle's (then) CenturyLink Event Center to help treat non COVID-19 patients.

For corpsmen? Its haze gray underway, either surface, subsurface or airborne along with being assigned at hospitals and clinics, considered prime teaching and training platforms. Additionally wherever the Marines go, so do corpsmen. Side by side. Battling and bandaging. Those who earn their Fleet Marine Force qualification are able to provide medical and operational support and earn the title of 'doc' by their Marines.

"We are the medical assets for the Marine Corps. We are the first line of defense and are privileged to be the ones to save our brothers and sisters so they can return home to their families and friends," said Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Urgent Care Clinic leading petty officer and Tactical Combat Casualty Care course instructor.

With Navy Medicine shifting priorities from those years spent down range in Afghanistan to preparing for peer-to-peer adversarial combat, a FMF corpsman or IDC might not have medical evacuation support in a timely manner. They might be on a guided missile destroyer across the vastness of the Pacific, attached to a Marine Expeditionary Group in the northern Atlantic, or somewhere in between. It's up to them to care for their troops, from daily sick call to casualty care, without the immediate presence of a Navy Medical Corps physician or Navy Nurse Corps officer.

The services are actively engaging in more joint collaboration training to ensure Navy, Army, and Air Force personnel can work together, as well as with other allied nations to improve operational readiness.

Another comparable quality between hospital corpsmen and medics is both answer the call of duty on the field of battle. Some don't return home, leaving a nation to grieve at their loss.

Such has been the case for both service branches in recent years.

Hospital Corpsman 3rd Class Maxton Soviak was added to the command's Heroes Wall of Honor. He was killed during a suicide bombing August 26, 2021, at the Abbey Gates of Hamid Karzai International Airport, Kabul, Afghanistan.

Former soldiers gathered at the Medical Education and Training Campus, Joint Base San Antonio-Fort Sam Houston in March, 2022, to remember their fallen comrade-in-arms, Army medic Sgt. 1st Class Benjamin Sebban, killed in action in Iraq over 15 years ago, during a building dediction named in his honor.

So, is the distinction important?

Hospital Corps is in the Kowitz family DNA. Regena's met husband Brad, retired master chief hospital corpsman and independent duty corpsman, when they both were young corpsmen assigned to Naval Hospital Bremerton. The lineage has also been passed to their children.

"Not many people can say they love Navy Medicine so much they birthed a hospital corpsman," quipped Kowitz, noting that son Jordan was born at Naval Medical Center San Diego and served at U.S. Naval Hospital Okinawa and with 3rd Battalion, 5th Marines and 2nd Battalion, 5th Marines at Marine Corps Base Camp Pendleton, California.

"I think it's important to remember the difference between medics, corpsman, and any other rates," Valdez added. "We each have our own culture and history."

That distinction is rooted in the corpsmen pledge to "hold the care of the sick and injured as a sacred trust," and the Army medic creed to provide "the best possible care to those in need."

The collective consensus is that both corpsmen and medic are unique in their shared sense of duty.

Especially when it matters most to save the life of another.

Sharing the font of Fleet Marine Force knowledge

(May 21, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – Teaching the Tactical Combat Casualty Care course is a labor of love.

So insists Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton TCCC course instructor.

“I love being a TCCC instructor. I can teach a course and know I’m making a difference,” said Santistevan, a 13-year Navy veteran, from Pueblo, Colorado and a Centennial High School grad, “home of the Bulldogs.”

From assignments with the 1st Battalion, 25th Marines of 4th Marine Division on Okinawa and at Marine Corps Air-Ground Combat Center, Twentynine Palms, California, Marine Corps Base, and with the 1st Medical Battalion, 1st Marine Logistics Group, Marine Corps Base Camp Pendleton, Santistevan has taught TCCC to Sailor and Marine enlisted and officer, as well as civilian personnel.

“If you were to ask any of my students in any of my classes since I started teaching in 2019 what I think about it, any of them, they’ll all tell you the same thing. I am passionate. I am thorough. I am aggressive. I am a bit much. I am hard. I am a good instructor,” admitted Santistevan, also Naval Hospital Bremerton Urgent Care Clinic leading petty officer.

His journey to Navy Medicine was fostered in part by an empathic epiphany moment.

“My cousin got really sick when I was in high school and was admitted to Children’s Hospital in Denver. I missed two weeks of school to stay with him because I refused to leave his patient room,” shared Santistevan. “One night

Leading from the FMF front…Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor, paces corpsmen students through week-long classroom and field training to hone their abilities in an austere combat environment. “I love being a TCCC instructor. I can teach a course and know I’m making a difference,” said Santistevan, a 13-year Navy veteran, from Pueblo, Colorado and a Centennial High School grad, “home of the Bulldogs.” TCCC is an operational necessity for all corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

Field of battle scrutiny…under the watchful – and demanding – gaze of Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor, Hospitalman Joseph Clark is actively critiqued on his response ability to a battlefield injury. TCCC is an operational necessity for Clark and all other corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries. For Santistevan, teaching the Tactical Combat Casualty Care course is a labor of love. "I love being a TCCC instructor. I can teach a course and know I'm making a difference," said Santistevan (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

when one of the nightshift nurses came into the room to do vitals and a blood draw, I remember just sitting there, watching and feeling so helpless. Frustrated that I could do nothing to help him. At that moment, at 2 am, I knew that I never wanted to feel helpless like that again or to have other people feel like I did. I wanted to be the person who was taking care of people."

Putting thought to action, he has followed his principles in caring for others in need, and guiding others to have the necessary aptitude to also do the same.

As a U.S. Navy hospital corpsman who has deployed with the Marine Corps, Santistevan has achieved Fleet Marine Force qualification, proving the ability to provide medical and operational support on the field of battle. The designation is not just a professional achievement for him.

It encompasses a range of intangibles from having the dedication and determination to the discipline and desire. It also means he readily – without hesitation – adds to the corpsmen legacy of taking on the difficult to care for others.

"The thing that stands out the most to me about being FMF is the suck. It never changes, it happens consistently and always at the worst times. But the thing about being FMF is that you're always in it together. You're always 'embracing the suck' with your brothers and sisters next to you," explained Santistevan, referring to a phrase which gained distinction during Operation Iraqi Freedom that the best way to handle any challenge is to never back down or away from it.

Corpsmen assigned to Marine Corps units are alongside their Devil Dogs for every mission, deployment and operation. Santistevan attests it can be a challenge at times, with grueling physical demands a norm, minimal rest and

Tactical Combat Casualty Care under Fleet Marine Force supervision… Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Navy Medicine Readiness Training Command Bremerton Tactical Combat Casualty Care course instructor keeps an attentive eye on corpsmen students taking week-long TCCC classroom and field training to hone their abilities in an austere combat environment. For Santistevan, teaching the Tactical Combat Casualty Care course is a labor of love. "I love being a TCCC instructor. I can teach a course and know I'm making a difference," said Santistevan (official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer).

limited recovery time.

Yet that FMF background is a gratifying aspect in his career, not just in the field, but also working in a military treatment facility and especially teaching and preparing others.

"The gratification from being an FMF corpsman is definitely giving back and training new corpsmen. Whether they're junior to you, or if they're peers or even seniors who don't have their pin yet, they'll eventually be your brother or sister. You're on the same team, and you want to have the best team beside you if and when you're needed. It is up to you to train them to your best ability," Santistevan said.

His ability is on open display during every training session, from lecture hall to fieldwork.

"I tell every class when I introduce myself that I love teaching TCCC, and it is one of the top things I care about."

He will arrive early.

He will stay late and help students practice skills.

He will break bread with his students and help them go over – again and again – the necessary aptitude to handle everything from tourniquets to blood transfusions so such skills become muscle memory when urgently prioritizing battlefield care.

"The most important part about being an FMF corpsman and learning/teaching TCCC is there is already an expectation. The expectation is that because you are wearing the warfare device you are no longer just a corpsman. You are 'Doc,'" explained Santistevan. "With the new title comes increased responsibilities. You are expected to know more about medicine. You are expected to do all you can to take care of Marines. You are expected to save your patients and teach others how to save patients. You can see another corpsman with the same pin on their chest and know you can count on them. They have been through similar situations, embraced similar sucks, understand the expectation and weight, and will stand with you and beside you."

Since the inception of the Navy Hospital Corps, June 17, 1898, their accumulated legacy - most highly decorated rate and Navy's only enlisted corps - has been hard earned and one that Santistevan is helping to keep relevant and ready.

"I love medicine. I love passing my TCCC knowledge on to my students. It is the reason I am an instructor. It makes me sweat, makes me mad, brings me joy and challenges me. It makes me feel fulfilled."

Bearers of lifesaving care...Safely relocating the wounded during TCCC involves the three primary principles of treating the casualty—as in this case preparing for evacuation— preventing additional injuries and completing the mission…(official Navy photo by Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer)

Navy Support on the Homefront for NHB Sailor

(May 19, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- Long have U.S. Navy hospital corpsmen answered the operational readiness call when needed.

Even to return home.

When Hospital Corpsman 2nd Class Marissa Stancil learned about the opportunity to support the unique Navy mission of Huntsville Navy Week by heading back to her Alabama roots, April 21-27, 2025, there was no way she could pass up the chance.

"Why not! I love my job. It was the perfect occasion to get to talk about it," said Stancil, from Albertville, Alabama, approximately 47 miles outside Huntsville and assigned to Navy Medicine Readiness Training Command Bremerton as a Main Operating Room surgical technician. "I saw it as a great opportunity to step out of my comfort zone as an introvert.

For the seven year Navy veteran and Albertville High School 2013 graduate, it was the chance to give back to the area she grew up.

According to the Navy Office of Community Outreach who coordinates the event, Navy Weeks are a specialized series of outreach events specifically designed to give Americans an opportunity to learn about the Navy, the officers and enlisted personnel who serve, and its mission to maintain, train and equip combat-ready naval forces capable of winning wars, deterring aggression and maintained freedom of the seas for 250 years.

The Huntsville area is a state hub for the military, with strong ties to the U.S. Army and NASA. Navy uniforms are not a common sight in the state's most populace city. As such, the Navy Week provided Stancil to readily explain her role as a part of a ready medical force ensuring that America has a medically ready force.

"We received a few comments of, "where'd you park the boat?" But overall, people were just curious. There was a little bit of who has more pride banter as well, but all in good fun," Stancil said, adding that the Huntsville response to her and other Navy personnel was overwhelmingly positive.

"We were appreciated everywhere we showed up. North Alabama is a very compassionate area. It's hard to find someone who isn't helping someone else. There were many teams that contributed to humanitarian projects and the organizers were so grateful. In addition, the area is full of very passionate people, so even at social events we felt our appearance welcomed," shared Stancil.

Stancil's infectious enthusiasm was on full display at many venues throughout the eights-days-a-week event, along with her hospital corpsman specialty training as a surgical technician.

"Oh, the places we got to go," exclaimed Stancil, who represented the Navy Medicine contingent at a number of local colleges and high schools.

"My high school was one of them! It was great visiting my health science class and seeing how much the school has grown! While we were visiting Drake State, they were hosting a health fair for a local elementary school. The

nursing students were gaining didactic experience in pediatric heath education and the children were having a great time learning," said Stancil.

Stancil and the other Navy Medicine representatives also joined another group in a Navy birthday celebration at the local Floyd E. "Tut" Fann State Veteran's Home.

"It was amazing! I even met another corpsman there," related Stancil, who also found herself in the limelight on a daily newscast. "Being from the area, I was able to go to the local news station, which was very cool to see how what we see on the television is made behind the scenes."

One of the many highlights for Stancil was touring the Hudson Alpha Institute for Biotechnology.

"Their team was very engaged as Rear Adm. Todd Weeks, program executive officer, strategic submarines spoke and even conversed with the Navy Medicine team at the end," said Stancil, acknowledging that visiting the U.S. Space and Rocket Center was a definitive highpoint.

"Every evening there was a social event. One of my favorites was the first night at the Space and Rocket Center. There's a very excited picture of me floating around social media. My co-workers have named it, "the super smile." Apparently, I do not hide excitement well. This event was especially powerful to me because I attended leadership camp there in high school. I had the amazing opportunity to reflect on where I started as a leader while surrounded by my leaders, peers, and future leaders," stated Stancil, who continues to professionally - and even scholastically - bolster her career as demonstrated by receiving her Bachelor of Science degree in 2023 from American Military University.

Stancil was afforded several notable moments to share on her chosen career path as a hospital corpsman with surgical technologist specialty training in supporting Navy Medical Service Corps and Nurse Corps officers in operating room and surgical suites, along with providing treatment care, safety, and support to patients before, during and after surgery and assisting the anesthetist during operating procedures and helping with other duties relating to surgery. Grade school and high school students were collective rapt audiences and openly shared their curiosity in all things Navy, even uniform items like footwear.

"I lived for all such little moments. Just seeing, hearing and sharing was very memorable, such as a 12-year old commenting I was more fashionable than my other friends (Navy officers…) because I chose to wear black shoes instead of the white shoes. Of course kids notice such details," recollected Stancil. "And watching teenagers break out of their shells and asking us questions!"

Stancil attests the Huntsville Navy Week felt like one week-long civic, cultural and community, providing numerous chances to mix and mingle with local residents.

"A 12-hour day was a short day," said Stancil, acknowledging the commitment was demanding, albeit in a good way. "It was challenging, but that's what I went for. I knew I had to give it my all because a lot of people were supporting me at NHB being away from work. I made a point to talk to as many people as possible and to shy away from nothing. Talking with other Sailors there was also gratifying. There is so much the Navy does and it was so enlightening to listen to everyone's stories."

Stancil also expressed appreciation to her command and co-workers.

"I used to think how cliché it sounded when someone would say, "thank you for holding down the fort." But I guess I never got to experience something so impactful. I can't shake the immense gratitude for my peers for taking on the extra work when I was gone, my leadership helping me get there and the continued support I received while gone and now back at work."

Since 2005, the Navy Week program has served as the Navy's flagship outreach effort into areas of the country without a significant Navy presence, providing a firsthand look at why the Navy matters to cities like Huntsville.

There are 14 other locales slated to host Navy Week in 2025, which began in Tucson, Arizona in February, followed by Sacramento, California in March, American Samoa also in April, followed by Richmond, Virginia in May, Anchorage, Alaska and Duluth, Minnesota in June, Milwaukee, Wisconsin in July, Sioux Falls, South Dakota, Columbus, Ohio, and Springfield/Branson, Missouri in August, Wichita Falls, Texas and Hartford, Connecticut and Springfield, Massachusetts in September, Eugene, Oregon in October and Sante Fe, New Mexico in November.

Corpsman Up when Man is Down – TCCC at NMRTC Bremerton

(May 13, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer - The sound of explosions tore through the morning calm and shredded a squad on patrol.

Man down meant corpsman up.

The faux firefight was proving ground for hospital corpsmen assigned to Navy Medicine Readiness Training Command Bremerton to hone their Tactical Combat Casualty Care abilities in an austere combat environment.

TCCC is an operational necessity for all corpsmen and is specifically designed to simulate the unique challenges and conditions on the field of battle in handling traumatic injuries.

“TCCC is a requirement because we are the medical assets for the Marine Corps. We are the first line of defense and are privileged to be the ones to save our brothers and sisters so they can return home to their families and friends,” said Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, Urgent Care Clinic leading petty officer and course instructor.

The week-long classroom and field training provided approximately 24 hospital corpsmen with knowledge-based instruction, followed by hands-on technique on how to provide emergency medical support and evacuation during a simulated combat environment.

“The reason we teach and practice TCCC is to save the greatest number of lives possible by doing the greatest amount of good for the greatest number of people. The only way that is achieved is if we are consistently lethal with the TCCC algorithm. Knowing the TCCC algorithm and being able to perform a patient assessment thoroughly every time, as fast as possible, and as efficiently as possible, is the reason we exist as corpsman in the Role I [initial, immediate medical care at the point of injury],” explained Santistevan.

The applied Navy TCCC algorithm focuses on injury severity, from life threatening needs to non-urgent care. The acronym MARCH - constantly stressed until it’s muscle memory – stands for massive hemorrhage, airway, respirations, circulation, and head/hypothermia.

“The algorithm for treating a casualty is to find out what the injuries are, determine what is going to first kill that casualty, treat expeditiously and effectively,” stressed Santistevan. “And always reassess.”
Santistevan and other instructors demanded rapid response, prompt assessments, and precise applications from the students. Hesitancy and uncertainty were considered opponents as much as enemy combatants.

“We must constantly train and certify, and ensure we are pushing out the most up to date curriculum to our instructors as well as our students,” Santistevan said.

The TCCC students learned how to handle primary and secondary patient assessment, administer cardiopulmonary resuscitation, shock recognition, spinal stabilization, casualty movement, airway management, hemor-

rhage control, chest needle decompression, applying splinting and pressure dressings, and more.

Santistevan's goal is for his instruction to make all his corpsmen well versed in TCCC to also become force multipliers when it comes to additional battlefield medicine support.

"We are the steppingstone for medicine to make it to our Marines. In order for them to help us save lives and expand our medical coverage we must first be a sponge ourselves. We teach TCCC to our Marines when we are integrated into their units," said Santistevan.

An established hallmark of military medicine during Operation Enduring Freedom [Oct. 7, 2001 – December 28, 2014] and Operation Iraqi Freedom [March 20, 2003 – December 15, 2011] was what became known as the golden hour, a 60-minute window to rapidly get critically injured personnel to higher echelon of care to drastically and effectively improve their survival odds.

Much discussion amongst military planners and medical care experts warns that process - and the shortened time frame – will not be relevant in future conflict across the vastness of the Indo-Pacific theater of operation.

Santistevan notes that modified training segment(s) are geared towards corpsmen realizing they might have to tend for wounded entrusted in their care for upwards of multiple days, far beyond that 60 minute timeframe.

"We used to live by the golden hour. But with expected conflicts, we have to get comfortable holding our patients for 24, 72 or even 96 hours before transfer to the next echelon of care is even an option," acknowledged Santistevan.

"We have integrated prolonged casualty care into the curriculum at some of the operational units. I like to think of PCC as Role 1.5 or Role I-plus," continued Santistevan. "It is really that step between the TCCC point of injury care and the Navy Role II [with advanced surgical and intensive care capabilities].

According to Santistevan, the PCC program is designed to build upon existing TCCC training.

Corpsmen are taught such skills as chest tube procedure, finger thoracostomies, calculating medication drip rates, wound management and burn care, more complex medications and other doses and uses for the medications they already carry and more.

"It really is an amazing course and invaluable. It can also be very challenging and demanding, which is also why TCCC is absolutely necessary and essential," said Santistevan, pointedly adding that his goal teaching TCC is for all corpsmen in the course to how to keep their casualty alive to get them to a higher echelon of care.

"Our Marines and warfighters depend on their doc to have their backs," said Santistevan.

Naval Hospital Bremerton hosts DHA Senior Enlisted Leader

(April 29, 2025) By Douglas H. Stutz, NHB/NMRTC Bremerton public affairs officer -- As U.S. Air Force Chief Master Sergeant Tanya Y. Johnson, Defense Health Agency's senior enlisted leader, wrapped up her tour of Naval Hospital Bremerton, she had one final – and fitting – spontaneous request.

Johnson beckoned Hospital Corpsman 2nd Class Cade Crenshaw and presented him with a personal challenge coin.

"You represent the epitome of our Military Health System as a servant leader in providing direct medical care, which enhances mission readiness," Johnson told Crenshaw, one of 11 hospital corpsmen assigned to NHB with behavioral health technician specialty capabilities.

Johnson met Crenshaw earlier on a tour of NHB's Mental Health Directorate on April 24, 2025. Crenshaw explained the facility's wide array of outpatient mental health services, including individual psychotherapy, readiness-related psychological evaluations, and Personnel Reliability Program evaluations for sailors, Marines and Coast Guardsmen across nearly 300 tenant commands in the Pacific Northwest.

Crenshaw, with other behavioral health technicians, pioneered a high level of clinical involvement, characterized by their engagement in nearly 115 safety checks, roughly 585 access-to-care appointments, and over 430 group therapy sessions and individual patient follow-up care.

"Doing eyes and hands-on patient care is something we need to codify. Very impressive," remarked Johnson.

Johnson also met with NHB's leaders and held an all-hands call for senior enlisted and junior officers to candidly discuss the current state of the Defense Health Agency in military medicine.

"As a Navy military treatment facility, your main support is to ships, submarines, and shore commands. The Army has its brigades to look after. Air Force has wings. Each service component exists for lethality, and our job is to ensure we're medically ready to go to war, if needed," Johnson said.

Staffing concerns and fiscal constraints were top topics of discussion during Johnson's visit, readily recognized as a common theme throughout the MHS.

"There's a lot of business in health care delivery, but in the end, it's really all about connecting to people," she said.

"We're a unique health system," continued Johnson. "We train and prepare to go to war. There's no civilian at the front dealing with casualties. That's all you. Dr. [David J.] Smith [Acting Director, DHA] and I appreciate all you do. Stay in the fight. We're supporting you. It's fantastic, all that you do, thinking outside the box to provide care with limited staff."

As the DHA senior enlisted leader, Johnson provides oversight and guidance to enlisted service members in support of readiness and peacetime healthcare delivery missions.

She advises on the execution of DHA's combat support activities, and she's responsible for directing the training, utilization, and morale of active duty, civilian, and contracted health care professionals in medical and dental treatment facilities such as NHB.

The Naval Medical Forces Pacific Senior Sailor of the Year

(April 18, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — From amongst a host of qualified contenders for Naval Medical Forces Pacific Fiscal Year 2024 Senior Sailor of the Year, the notable accolades of one surpassed those of his peers.

Hospital Corpsman 1st Class Robert L. O'Bryant, assigned to Navy Medicine Readiness Training Command Bremerton and a Louisville, Kentucky native, was selected for the annual award.

"This is a recognition of the hard work and dedication that Team Bremerton exemplifies every day," exclaimed O'Bryant. "My peers, leaders, and the triad [commanding officer, executive officer and command master chief] are what inspired me to work this hard. It's a showing of how dynamic they are, as well. I couldn't have accomplished this without them and our team here. It means more than the world to me. I was honored to even be there with others so well qualified."

His credentials were significant including taking on responsibility of acting leading chief petty officer when unplanned manning losses impacted the command's Specialty Services Clinics. He provided critical guidance over a six-month period, ensuring continued focus on Sailor well-being and high-quality patient care.

According to command leadership, O'Bryant, "demonstrated exemplary leadership to a diverse team of 80 staff members across four divisions. He oversaw the care of 30,000 beneficiaries across multiple clinics throughout the Pacific Northwest region, guided 48 enlisted personnel through six first class petty officers, advised 19 officers, and supported 19 civilians. His leadership proved instrumental in navigating the complex merger of the Directorate of Surgical Services and the Directorate of Medical Services, ensuring a seamless transition and maintaining 100 percent personnel accountability."

In reporting senior remarks from Capt. Karla Lepore, NMRTC Bremerton commanding officer, noted in part, "[HM1] O'Bryant is the top performer at NMRTC Bremerton! His motivated foundational leadership and senior level performance and foresight direct all others at the command. He is a vital first class petty officer, performing above his peers in all aspects while filling essential roles typically held by a chief petty officer. He performed all roles and responsibilities with distinction and is the go-to figurehead at the command and throughout his community."

The recent merger of the two directorates within the command included the need for a new leading petty officer position. O'Bryant was selected to handle that responsibility. He managed daily operations for 19 Sailors with five surgical specialties, supported nine providers and bolstered operational readiness within the Pacific Northwest region. His leadership spanned General Surgery, Main Operating Room, Sterile Processing, and clinics encompassing Family Practice, Pediatrics, Internal Medicine, Orthopedics, Oral Surgery, Otolaryngology, Ophthalmology, and Refractive Surgery.

He provided leadership and mentorship to 62 enlisted Sailors across 10 departments, earning four end-of-tour awards for operational excellence. Additionally, he spearheaded weekly directorate leadership meetings which facilitated communication and addressed concerns amongst 14 other leading petty officers and 10 department heads during the realignment. His oversight ensured timely submission of awards, correspondence, and sailor of the quarter packages for 99 personnel, including enlisted, officers, and civilians. With an awareness of operational readiness needs, he also maintained a 100 percent deployability rate for all assigned enlisted personnel.

O’Bryant’s shared his expertise Navy-wide.

As an enlisted technical leader in the specialty field of orthopedic technician, he served as a vital liaison between Bureau of Medicine and Surgery and the fleet managing all aspects related to 122 orthopedic technicians stationed across various shore and operational platforms. This encompassed submitting comprehensive quarterly reports to enlisted community managers, detailing crucial metrics such as training progress, deployment readiness, and addressing any manning shortfalls across the fleet.

More locally, as the command senior [enlisted] orthopedic technician, he was integral in the daily operations of the orthopedic department, ensuring efficient patient care and workflow. Through his diligent expertise his directly the timely triage and treatment of numerous patients, including 10 acute fracture appointments, 10 cast applications, 10 splint placements, 10 suture removals, and five arthrocentesis – also referred to a joint aspiration - injections.

O’Bryant also extended his efforts across the seven seas.

He deployed in support of Pacific Partnership 2024, Solomon Islands Detachment. He led six NMRTC Bremerton Sailors while also assisting with the leadership of a 60 Sailor detachment onboard hospital ship USNS Mercy (T-AH 19).

While forward deployed, he managed shipboard duties and personally assisted in the 2023 Pacific Games supporting 10 events and approximately 500 international athletes.

O’Bryant’s also went well beyond his clinical duties. As assistant command fitness leader, he helped coordinate the 2023 Physical Fitness Assessment cycle for more than 500 Sailors. His leadership proved instrumental in achieving an impressive 96 percent command pass rate and significantly enhanced the command's ability to administer the PFA safely and effectively.

His commitment to service-before-self can best be exemplified by his role as assistant command suicide prevention coordinator, as published earlier: https://www.dvidshub.net/news/480498/connecting-caring-communicating-during-suicide-prevention-awareness-month-nhb

He was the first line of defense in contact, command coordination, and notification for the program, utilizing time critical risk support in the care and treatment of multiple Sailors.

His direction provided personal planning, reintegration resources, and managed care, which ensured a supportive environment. He helped facilitate annual training and nine command indoctrination courses on suicide prevention for 316 staff members across the enterprise.

“HM1 O’Bryant is a selfless leader and consistent top performer who elevates those around him and someone who reflects the very best of Navy Medicine,” remarked NMFP Command Master Chief Jerry Cantorna. “It is fitting that he has been named the Naval Medical Forces Pacific Senior Sailor of the Year, a testament to his dedication and unwavering commitment to mission success and the well-being of our Sailors.”

A Past Remembered, A Present Respected

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — It was 132 years ago – and counting - on April 1, 1893, that the U.S. Navy chief petty officer rank was officially designated.

Navy General Order 409 established that as the Fleet's senior enlisted rank, chief petty officers would primarily serve as a bridge between officers and junior enlisted Sailors.

Along with a whole lot more.

For the approximately 35 active duty chief petty officers – as well as 27 retired chiefs - assigned to Naval Hospital Bremerton, primarily of the hospital corpsman rate, the collective experience, expertise, and leadership of hundreds of accumulated years of experience has helped to develop, mentor and lead the warrior ethos in providing a ready medical force more than capable of ensuring there's a medically ready force when called upon.

"Happy 132nd Birthday, Navy Chiefs! Since their establishment, chiefs have been the mainstay of our Navy—setting the standard for technical expertise, professionalism, and steadfast leadership. Unlike any other military service, the Navy chief serves as the vital link between our Sailors and the wardroom—trusted mentors, advocates, and advisors to both junior Sailors and officers," shared Capt. Karla Lepore, Naval Hospital Bremerton director and Navy Medicine Readiness Training Command Bremerton commanding officer, also recognizing by name those staff members "who were and will always be chiefs."

The Chief Petty Officer pledge, noted Master Chief Hospital Corpsman Joshua Akins, master of ceremonies for the birthday celebration, provided an expressive synopsis of the obligation which comes with being a Navy chief.

"I serve my country and her people with pride and honor. I make things happen and do the best I can. I am charged with a leadership role like no other in the world. I develop junior officer and mold my Sailors. I live by the Navy's core value of honor, courage, and commitment. I set the example. I am a chief petty officer in the United State Navy," Chief Personnel Specialist Caleb Newgard read in part to those in attendance at the ceremony.

The ceremony also included inviting the youngest Navy chief assigned to the command, Chief Hospital Corpsman Richard Heard, who entered the Navy in 2011, and the saltiest elder, retired Navy Chief Hospital Corpsman Steven Jackson, who enlisted in 1982.

I Am Navy Medicine – and SOQ – HM3 Samuel Vasquez

(March 24, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- When Hospital Corpsman 3rd Class Samuel Vasquez was growing up in Hillsboro, Texas, unbeknownst at the time, the basis of his warrior ethos was forged in becoming a U.S. Navy hospital corpsman.

According to Vasquez, the small rural town and county seat of Hill County – situated between Dallas and Waco, provided the ideal upbringing setting to hone intangible skills such as readiness and responsibility.

"Growing up in a small town I was able to have a more unique childhood than most. I started working around the age of 10 on a family friend's ranch taking care of Texas Longhorns [cattle] and the land," said Vasquez, a Hillsboro High School grad who has been in the Navy for over four years.

Handling innumerable tasks today has been the norm today as it was during yesteryears. Dependability is ingrained as the backbone of his work ethic.

"I strongly believe that starting work at a young age taught me responsibility and being a man of your word as well as being proud of the work you do," Vasquez continued. "Coming into the Navy I quickly gained leadership roles due to my mindset and the ability to ensure task get done before the deadlines."

Vasquez has distinguished himself professionally, as well as personally. During his first enlistment and relatively short time in Navy Medicine, he has spent two years stationed on Naval Air Station Fallon [Nevada] at the base health clinic, followed by his current assignment to Navy Medicine Readiness Training Unit Everett for nearly two years, and counting.

He has distinguished himself as team lead for NMRTU Everett's Medical Homeport Department, an assignment usually handled by a more senior hospital corpsman. He was recently selected by his clinic's parent command, Navy Medicine Readiness Training Command Bremerton, as Junior Sailor of the Quarter.

The selection came as a surprise, yet one which validated his work ethic.

"It meant a lot to me because it shows me that the work I am doing around the clinic and command is being recognized and appreciated," said Vasquez, who immediately informed his wife after being told he was selected.

"At the beginning of my Naval career, I met my wife Jaelynn [also a hospital corpsman third class, with dental technician specialty training] of four years now who has pushed me to be better than I was yesterday," shared Vasquez.

With validation for his dedication and determination, Vasquez attests he is capable of even more in helping provide medical care to those in need.

"Being selected [as sailor of the quarter] shows that I am ready to take the next step to making rank and taking on more responsibility," Vasquez said. "I have great leadership who are easy to talk to and help me when I have questions or concerns."

Vasquez can trace his interest in his Navy career directly to family.

"The person who made me interested was my grandmother who was a registered nurse who passed away due to COVID," related Vasquez. "Before she passed, she worked in the main COVID floor of her hospital. Because of her sacrifice it started a spark inside me that made me want to pursue [a career in] medicine.

NMRTU Everett, located on Naval Station Everett, provides clinical service such as laboratory, pharmacy, occupational health, audiology and physical therapy, along with medical services with primary care, mental health and

optometry to active duty service member, eligible retirees and eligible dependents. There are also ancillary health services which include dental care.

The Medical Homeport Department handles primary care for patients based on the team-based concept with physician, nurse and hospital corpsmen and support staff to ensure patients get the timely health care they need. From supporting Navy fleet assets ensuring operational readiness to retiree and dependent medical concerns, Vasquez continues to emulate his late relative.

“As a team we ensure that all active duty personnel are mentally and physically fit for full duty so all missions ahead run smoothly. Our daily job includes seeing active duty and dependents, throughout the day. One of our main goals every day is to have our patients leaving happier than when they came in,” explained Vasquez, who is a general duty corpsman.

“We are the image of a jack of all trades. Every day can be something new and exciting. It is this type of lifestyle that makes me love being a general duty corpsman,” continued Vasquez, adding that the most important skill needed for a general duty corpsman is being able to rapidly process and “think on your feet.”

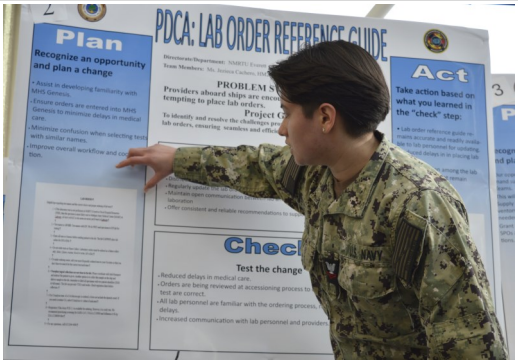
“Live by the Semper Gumby rule to always be flexible and be willing to learn every day. A day without learning something new is a day wasted,” exclaimed Vasquez.

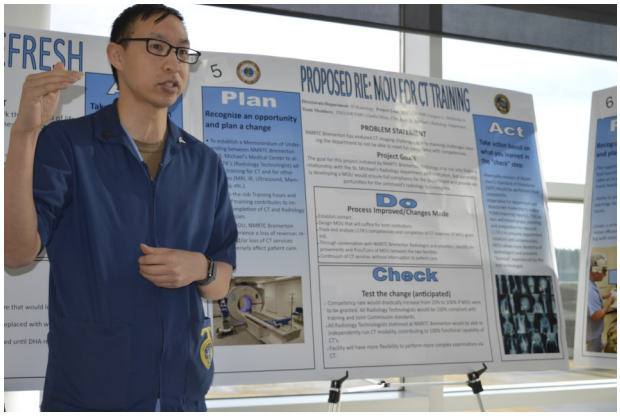
As with all hospital corpsman stationed at NMRTU Everett, they work in a clinic named after Hospital Corpsman 2nd Class David R. Ray, a Medal of Honor recipient killed in action 56 years ago on March 19, 1969. Vasquez and his colleagues know about their clinic namesake and his sacrifice for others.

“I take great honor being a corpsman and being part of the most decorated rate in the Navy. We are held to a higher standard, and I take that standard with me in both my military life and personal life,” stated Vasquez, who is also currently enrolled in American Military University and due to graduate in early 2026.

When asked to sum up his experience as part of Navy Medicine in one sentence, Vasquez replied, “An amazing and unreal experience.”

Corpsmen creativity at Continuous Process Improvement Fair


PDCA: LAB ORDER REFERENCE GUIDE
Plan
Recognize an opportunity and plan a change
Act
Take action based on what you learned in the "check" step.
Check
Test the change



A Corpsman and Canine Connection for Operational Readiness

(March 12, 2025) By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer — There was a heightened sense – and scent – of collaborative operational readiness training for U.S. Navy and U.S. Army personnel recently.

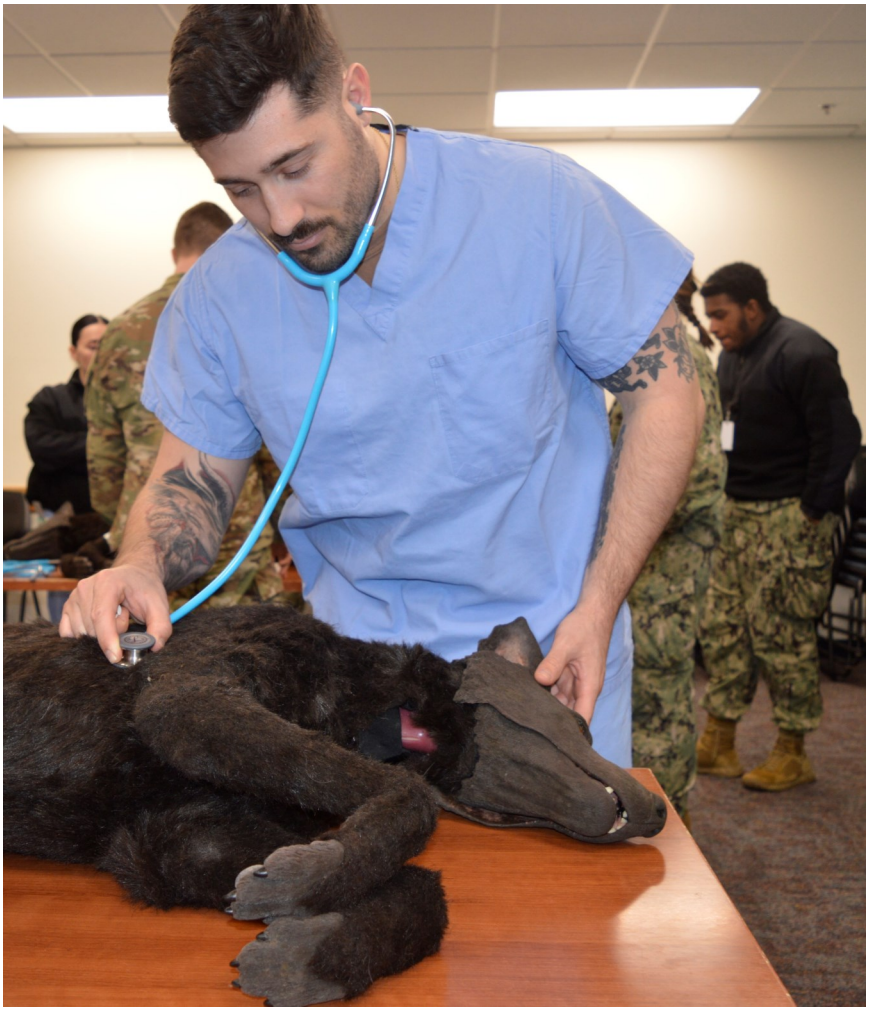
Navy hospital corpsmen, along with Navy Medical Corps, Medical Service Corps and Nurse Corps officers assigned to Navy Medicine Readiness Training Unit Bangor, augmented their Tactical Combat Casualty Care proficiency in the first of four live exercises learning about providing battlefield trauma care to military working dogs.

“At the end of this exercise, medical officers and corpsmen will build confidence in their ability to increase military working dog survivability on the battlefield and strengthen teamwork skills by working together for a common goal,” explained U.S. Army Capt. Tania Thompson-Borho, Army Veterinary Corps and officer in charge of the Veterinary Treatment Facility located on Naval Base Kitsap Bangor.

Military working dogs have long been part of America’s operational readiness, although they didn’t have an official role until 1942 during World War II. Since then, they’ve been with soldiers, Sailors, airmen and Marines up through Operation Enduring Freedom and Operation Iraqi Freedom until present day. There are approximately 1,600 military working dogs currently serving in a variety of mission essential land, sea, air roles, including security, search and rescue and part of foot – and paw – patrols.

“This training will improve the ability of non-veterinary medical providers like Navy corpsmen to render correct and timely treatment for military working dogs having a medical emergency in an operational environment,” said Thompson, joined by two of her vet clinic animal care specialists.

“Our goal is to reciprocate learning K9TCCC from our Army colleagues with sharing our TCCC methods to those soldiers assigned to the veterinarian clinic on [Naval Base Kitsap Bangor] base,” added Lt. Cmdr. Anthony Meier, NMRTU Bangor department head who coordinated the event for the Naval Hospital Bremerton’s branch health clinic staff.



“We’re going in stages, starting with what is normal for a dog,” continued Thompson “Dog normal is vastly different than human normal, especially when it comes to treating any type of injury.”

Thompson initially explained basic canine anatomy and physiological body structure, examination principles, followed by tactical field care advice.

Just as with treating a human casualty with TCCC concepts – with a corpsman having to take into account the tactical side as well as dealing with traumatic injuries on a human casualty - there are key areas to focus on a wounded dog, such as airway, respiration and circulation.

“There’s also hypothermia and head trauma. Military Working Dogs can suffer from shock,” Thompson said. “The parameters to check for shock include heart rate, pulse and body temperature.

“If their mental awareness seems depressed instead of alert, the dog could be in an early decompensatory stage of shock. A late decompensatory stage would have a dog in a stupor.”

The second week of training is slated to cover airway (tracheostomy), respiration (needle decompression) and intubation (with two faux canine mannequins). The third week will focus on treating a massive hemorrhage, treating shock and providing cardiovascular support, and bandaging.

The last training session will go over appropriate medications for military working dogs and emergency first aid CPR procedure for a canine.

Just as TCCC is mandatory training for Navy hospital corpsmen before deploying to equip them with the necessary techniques, abilities and knowledge to provide emergency medical support and evacuation during a combat environment, those in attendance can now use the K9TCCC standards of rapid response, prompt assessments, and precise applications for canine care.

Corpsmen Up for those in need…hospital corpsmen assigned to Naval Hospital Bremerton prepare to assist Internal Medicine Clinic patients with transitioning to a civilian provider in the surrounding network.
The patients, all TRICARE For Life, were addressed by NHB leadership during a Town Hall meeting held January 31, 2025.

The standing room only crowd, many who had received a letter notifying them of the event, were there to hear – and be heard – on a transition impacting their access to care at NHB. NHB is going to lose all active-duty Internal Medicine physicians due to retirement and permanent change of duty orders, which will leave the clinic with only one physician still assigned and well over 2,000 patients enrolled.

"One physician for 2,200 patients…those numbers just don't add up," said Capt. Molly Jenkins, NHB executive officer. The resulting loss of the providers will impact those empaneled Internal Medicine TRICARE For Life patients in attendance in several specific ways, particularly with decreased access to care and increased appointment wait times.

For the patients to still receive the care needed - in a timely manner – NHB is assisting with transitioning hundreds of TRICARE For Life patients into the surrounding network with providers, doctor offices and medical clinics who accept Medicare. Questions were answered, queries were addressed, and computer-access assistance was set up to help those in need locate a provider by a team of Family Medicine department and Internal Medicine

Honors rendered, Past remembered part of 127th Hospital Corps Ball

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- It was an evening to render honors, remember the past, reflect on the present and prepare for the future as Navy Medicine Readiness Training Command Bremerton held their 127th Hospital Corps Ball, June 21, 2025.

"We have come together to celebrate 127 years of our Navy's only enlisted corps. The Hospital Corps Ball committee has done a great job of making this happen," said Capt. Karla Lepore, NMRTC Bremerton commanding officer and Naval Hospital Bremerton director, during her opening remarks.

The presentation of colors – by Hospital Corpsman 2nd Class Alexandro Padilla Monroy and Hospital Corpsmen 3rd Class Junisha Morrison, Patricia D. Ramirez and Cameron K. Rima - national anthem, and invocation from Lt. Cmdr. Solomon Han, command chaplain led to the formal and solemn POW/MIA presentation, conducted by HM2 Kaden N. Bridges, Morrison and Rima.

"We call your attention to this small table, which occupies a place of dignity and honor near the head table. It is set for one and symbolizes the fact that members of our Armed Forces are still missing from our ranks. They are referred to as POWs and MIAs. We call them comrades," explained Bridges. "They are unable to be with their loved ones and families tonight, so we join together to pay our humble tribute to them, and bear witness to their continued absence."

Command Master Chief William P. Eickhoff, and hospital corpsman, deviated from the expected norm of closing remarks and shifted from a prepared speech to recognizing the master of ceremony, Hospital Corpsman 1st Class Robert L. O'Bryant, presenting him with a Navy/Marine Corps Commendation Medal in being selected as Navy Medical Forces Pacific Senior Sailor of the Year for 2024.

"Thanks to O'Bryant for being such a good representative from our command. There's [approximately] 157,000 Sailors in NMFP area of operation, with [approx.] 15,000 hospital corpsmen. He competed against all those numbers. He was selected as the best of the best," shared Eickhoff, directing O'Bryant to share a few words with his fellow Hospital Corps in attendance.

"I got to represent all you do. Your efforts in treating patients with dignity and respect, being ready when called upon," added O'Bryant. "Becoming a corpsman is the one thing which means the world to me."

"Semper Fortis," commented guest of honor, recently retired Senior Chief Hospital Corpsman Arlene Alonzo, choosing the unofficial slogan [and Latin phrase] of the U.S. Navy, meaning "Always Strong."

"That's what we are. Our history as hospital corpsmen is one of strength, bravery and unwavering resolve," stressed Alonzo.

It was on June 17, 1898, when then-President William McKinley signed a bill establishing the U.S. Navy Hospital Corps. Before that, the rate had gone through a number of iterations, from surgeon's mate and surgeon's steward to loblolly boy and apothecary, to name but a few. The title might have changed but not the collective courage.

There have been 23 corpsmen presented with the Medal of Honor, 179 who have received the Navy Cross, 31 who received the Distinguished Service Cross, 959 Silver Star Medal recipients and 1,600 presented with the Bronze Star with Combat V for Heroism.

There has also been great loss. Over 2,000 Navy hospital corpsman have been killed in action.

The Hospital Corps ethos is evoked throughout the U.S. Navy. Locally, the namesake of Branch Health Clinic Everett's medical clinic is HM2 David R. Ray, Medal of Honor recipient killed in action, March 19, 1969, in Vietnam. There are approximately 45 corpsmen assigned to the clinic.

U.S. Navy ships named after hospital corpsman include, guided missile destroyer USS Benfold (DDG 65), destroyer USS Caron (DD 970), USS William Charette (DDG 130), fast frigate USS De Wert (FFG 45), destroyer escort USS Durant (DER 389), destroyer escort USS Frament (APD 77), USS Halyburton (FFG 40), USS Francis Hammond (FF 1067), USS Jobb (DE 707), USS Daniel A. Joy (DE 585), USS John E. Kilmer (DDG 134), USS Lester (DE 1022), USS Liddle (DE 206), destroyer USS Litchfield (AG 95), USS Thadeus Parker (DE 369), USS David R. Ray (DD 971), USS Valdez (FF 1096), USS Walter C. Wann (DE 412), USS Jack Williams (FFG 24), USS John Willis (DD 1027) and USS Don O. Woods (APD 118).

The command's 127th Hospital Corps Ball cabinet was Chief Hospital Corpsman Richard L. Heard as chief advisor, Bridges as president, Hospital Corpsman 1st Class Oscar J. Torres Ruiz as vice president, HM1 Michael A. Smith as secretary, Hospital Corpsman 3rd Class Nereyda Zepeda Ramirez as assistant secretary, Interior Communication Electrician 1st Class Anh T. Lai as treasurer, HM2 Sierra R. Valdez as assistant treasurer, HM2 Miracle S. Suzuki as public affairs officer and HM2 Jovana Losada as fundraising chair.

Navy Corpsman reflects on Pacific Partnership 2025 Mission to Fiji

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The South Pacific Island nation of Fiji might seem a world away for a U.S. Navy hospital corpsman from Queens, New York.
Pacific Partnership 2025 made such a unique opportunity possible.

Hospital Corpsman 2nd Class Shane Durand recently took part in the Pacific Partnership mission stop which focused on such collaborative efforts as humanitarian assistance, disaster response preparedness, community outreach, and subject matter expert exchange, June 6-18, 2025.

"A core aspect of my work involved standard operating procedures. The SOP creations and revisions emphasized critical aspects such as proper personal protective equipment, detailed Gram staining procedures, and effective waste disposal methods, all essential for accuracy, reproducibility, and safety," said Durand, Naval Hospital Bremerton medical laboratory technician who immersed himself working at the Fiji Veterinary Pathology Laboratory.

"I collaborated closely with lab workers for about two weeks, dedicating eight hours each day to ensure practicality and relevance. I focused on building relationships with Fiji government workers and engaged children at Waiqanake District School, contributing to community well-being beyond the laboratory's professional sphere. My overall goal was to demonstrate a lasting dedication to even beyond the advancement of veterinary pathology in Fiji," Durand explained.

A typical day for Durand began with teaming up with Fijian lab techs and sharing his expertise to help develop,

edit and detail numerous lab SOPs. Yet there was also time for the New York native to learn much from and about his hospitable island nation hosts.

“From speaking about their culture to their work, they are very passionate and outgoing. Whether if I was sitting side-by-side with the lab techs or alone, I’d wholeheartedly write or rewrite SOPs and review quality management system.”

“Some days for lunch, the workers would bring us Fijian food like Rourou [a dish made from taro leaves and stewed in coconut milk] and Vakasekera [cassava plant],” continued Durand. “They’d even climb coconut trees and get coconuts to keep us hydrated after the tasty meals. On Wednesdays, they’d have a wellness day. At 3 p.m., they’d dedicate time to cleaning or playing volleyball. Playing volleyball was great. They’d play music, drink coconut water and have a great time. Seeing everyone smile and have a great time was one of the best parts of the mission.”

Those shared smiles were a reflection of the commitment by Durand and others in bringing the Pacific Partnership mission back for a return visit to Fiji.

“A mission like this is significantly important because our work in Fiji contributes to regional stability and demonstrates sustained U.S. commitment to Pacific allies.”

The main challenge for Durand, who directly worked under Navy Lt. Ha Na Choe, a microbiologist - and “great mentor!” affirmed Durand - was only having a few weeks to help make a positive difference.

“Knowing that Lt. Choe and I had two short weeks to make an impact as the sole lab tech and microbiologist, we were very dedicated in ensuring the Fiji Vet Lab had enough resources and knowledge to become accredited,” stated Durand, adding that it was gratifying to work alongside their hosts to augment existing efforts with their own.

“The hard work by Lt Choe’s and myself gave them a boost in their process to accreditation,” said Durand, not-

ing that the best part of the mission was directly being part of the collective effort with his hosts.

“I learned a lot about work, culture and history being alongside the Fijians. These are things that will stick with me for the rest of my life,” exclaimed Durand, adding that although his time on Fiji was relatively short, the memories made will linger long after.

“I think about my time in Fiji every day. The time I played rugby at the Waiqanake District School with children, U.S. Navy Sailors and New Zealand soldiers. The kids had the time of their lives. Being able to motivate and inspire the youth was a great opportunity. The kids would have us sign their T-shirts,” related Durand.

Durand suggests for those who also get assigned on a similar mission to follow the path of discovery.

“Learn about the culture, make connections and explore. Fijians are very passionate about their culture. Trying their food, speaking their language and visiting known areas showed them that we genuinely appreciated their beautiful island. When a country and visitors get along, it makes the mission flow smoothly,” said Durand.

Durand began his career in Navy Medicine a year and a half ago with an interest to expand and explore the unknown.

“[I] didn’t know what to expect,” said Durand, a Hillside Arts and Letters Academy 2021 graduate. After recruit training he attended the Navy school for hospital corpsman at the Medical Education and Training Campus, San Antonio, Texas, further augmenting his education with Navy Medical Laboratory Technician school, which provides in-depth specialty training on such skills as chemistry, hematology, microbiology and phlebotomy.

His interest was sparked at the prospects such knowledge made available to him. “The opportunities, the benefits, the people and most importantly the chance to impact lives as a medical laboratory technician.

“I never expected to be a part of the military,” Durand continued. “In middle school and high school, I loved playing sports, specifically basketball. During 2020, the pandemic hit New York City hard, forcing a lot of students to do school remotely, no in-person socializing or sports. My junior and senior years of high school were done online. Once I graduated, I didn’t feel the motivation to go to college. I didn’t know what to do next. My parents saw the potential in me, which was how I ended up at the recruiting office. I am grateful for the opportunity to obtain my Medical Laboratory Technician American Society [for] Clinical Pathology certification, associate degree and [currently] pursuing a Bachelor of Science degree. The military has helped me accomplish many dreams.”

Added to his promising career is taking part in a singular deployment. When asked to sum up his Pacific Partnership experience in one sentence, Durand replied, “I consider my time in Fiji to have been a great blessing, creating memories that will endure.”

Smaller Pacific Partnership mission stops were also held last month in the Philippines and Tonga. This year’s PP 2025 mission – now in its 21 year as the largest annual multinational humanitarian assistance and disaster management preparedness mission conducted in the Indo-Pacific – will have the amphibious dock landing ship USS Pearl Harbor (LSD 52) visit Papua New Guinea, Federated States of Micronesia, Palau, Samoa and Vanuatu.

I Am Navy Medicine – and Navy Chief Select – Lee D. Halls

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- *With the announcement that five Sailors assigned to Navy Medicine Readiness Training Command Bremerton were selected for advancement to the rank of chief petty officer for Fiscal Year 2026, we asked each to reflect on their designation.*

A busy morning was fast approaching 8 a.m. when Hospital Corpsman 1st Class Lee D. Halls found himself unexpectedly questioned on his uniform appearance.

By his commanding officer and command master chief.

"I had just finished our Mental Health Directorate morning huddle. It wasn't unusual to see leadership making rounds. They greeted me and the CO asked me where my blouse was. I had no response to "is that what a prospective chief would do?" It caught me off guard. Took me a minute to process. I was shocked and couldn't stop smiling," related Halls, on how Capt. Karla Lepore, Navy Medicine Readiness and Training Command Bremerton commanding officer and NMRTC Bremerton Command Master Chief William Eickhoff contacted him in being selected as a U.S. Navy chief petty officer.

Along with Halls, Hospital Corpsmen 1st Class Jessie Christian Alday, Robert Lee O'Bryant, Miles A. Steele and Logistics Specialist 1st Class Steven Alexander Gardiner were also notified by command senior leadership that they had advanced in rate to chief petty officer.

The first person I called was my wife," said Halls, Mental Health Directorate acting leading chief petty officer, acknowledging it was uplighting news to hear he advanced in rate to become a Navy chief. "Realizing that after 21 and a half years my hard work has paid off. Realizing that I finally get to repay the debts owed to some amazing mentors along the way that helped keep me grounded when needed and guided me along the right path."

"The experience I've gained along the way through on the job training, traditional training, and through some of the best mentors along my journey has helped me achieve this rank by teaching me the basics and how to build on them to become successful," added Halls.

The manner of promotion for Halls and others to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces.

In the Army, Air Force and the Marine Corps, an E-6 becomes E-7. In the Navy, each eligible Sailor for chief is required to be selected by a ranking and selection board composed of master chiefs who actively choose the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders.

Just as the Army has medics and the Navy has hospital corpsmen, so it goes that the enlisted paygrade of E-7 in the Army is known as a sergeant first class whereas a Sailor also advances to E-7 yet still has to earn the rank of chief petty officer.

“To someone in the Army, it’s important to understand that a Navy chief petty officer is far more than just an E-7. Chiefs hold a unique status rooted in heritage and tradition, forged through a demanding initiation process that sets them apart. They serve as specialized leaders, technical experts, and mentors who embody accountability and uphold the highest standards. More than a paygrade, chiefs are the Navy’s backbone bridging the gap between junior officers and enlisted ensuring mission success through guidance, expertise, and unwavering commitment,” explained Halls.

Being part of the Navy, Navy Medicine, Navy Hospital Corps and now a Navy chief [Selectee] has provided a sense of purpose – and placement - for Halls.

“To me it means being part of something bigger than just me. It’s being part of a brother and sisterhood, gaining an even larger extended family,” shard Halls, noting that the best part of his career has been being able to live outside the U.S.”

“Being able to experience other cultures and countries,” Halls continued. “Being able to visit so many countries while being stationed abroad. That led to me meeting my wife and being married overseas and having two wonderful children also stationed overseas.

Halls regards Snohomish, Washington as home after graduating from Sydney Lanier High School, Austin Texas in 1994, followed by completing Sheet Metal Workers International Association Apprenticeship Program, Kirkland Washington in 2002. His Navy career began in Everett, Washington in 2003.

After securing a job as a union welder he was laid off. Working a temporary job and collecting unemployment was not ideal. Then Halls’ father phoned one day to break his stagnation.

“He asked what I was doing. I told him nothing. He said great. Get dressed and I’ll be to your place in five minutes. He knew I always liked the medical field. I still wasn’t sure where this conversation was going. Then he said, “you know your mom was a Navy hospital corpsman, right?” I said yes. He said we’re going to talk to a Navy recruiter,” recollected Halls, who was welcomed by the recruiters and given information on the Navy Hospital Corps enlisted rating and enlisting.

After conferring with family, Halls went back to the recruiting office. The rest is history.

“I have always been interested in medicine. I worked as an emergency medical technician and firefighter and loved the medical calls. What better way to continue that passion than as a Navy corpsman?” reasoned Halls, who was born in Seoul, Korea, adopted at eight months and grew up in Utah, California and Texas.

When asked to sum up his experience with Navy Medicine in one sentence, Hall replied, “I’d do it all over again if I had the chance. Hands down the best decision of my life.”

I Am Navy Medicine – and Navy Chief Select – Jessiechristian Alday

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- In the middle of recent Tactical Combat Casualty Care training held at NMRTC Bremerton for hospital corpsmen, there was an unforeseen pause for a meaningful cause.

Capt. Karla Lepore, Navy Medicine Readiness and Training Command Bremerton commanding officer and NMRTC Bremerton Command Master Chief William Eickhoff surprised TCCC instructor Hospital Corpsman 1st Class Jessiechristian Alday on being selected as a U.S. Navy chief petty officer.

"My CO and CMC came to my TCCC class that morning to break the great news," confirmed Alday, who immediately shared his advancement news with his wife.

Alday, Patient Administration Department leading petty officer, after being intrigued by what Navy Medicine could offer, began his Navy career in 2007 at Naval Hospital Camp Lejeune, North Carolina.

"[It was] the opportunities, the knowledge and experience," related Alday. "The experience I gained has helped a lot, along with the knowledge I learned from the Sailors I worked with. I learned a lot along the way and applied all the good traits and ways to help accomplish the mission."

The manner of promotion to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces. In the Army, Air Force and the Marine Corps, an E-6 becomes E-7. In the Navy, each eligible Sailor for chief is required to be selected by a ranking and selection board composed of master chiefs who actively choose the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders.

Through generations of Navy fleet service, the motto, 'go ask the chief,' has been rallying advice for enlisted and officer alike. Alday realizes with his selection to chief petty officer comes more responsibility.

That's a challenge he is ready to accept.

"All eyes [from Sailors' will be] on me. As the chief you are expected to be a subject matter expert on pretty much everything," said Alday, advising other junior Sailors to, "keep taking care of the people around you. They in return will take care of you. Be patient. The right time and place will come."

There are sizable expectations for Alday and the four other first class petty officers.

"They will look upon us as subject matter experts. Chiefs have operational readiness experience. Chiefs are considered the personification of Navy core

values of 'honor, courage and commitment.' Chiefs are the Navy's deckplate leaders, the ones who walk the spaces, know the crew and keep the pulse of the command," Alday explained. "They're not just supervisors, they are mentors, disciplinarians, counselors and carrier of culture, heritage and tradition."

Alday was born and raised in Batangas, Republic of the Philippines and is a University of Batangas High School 2001graduate. Along with his family – parents and three siblings - migrated to San Diego in 2005. After working in an engineering firm for two years he joined the Navy to begin a career which has exceeded his expectations.

"I've gone to places that I never thought I would be able to visit. I have met and shared experiences with the people from different walks of life," said Aldey, emphasizing the best part of his chosen calling has been meeting his wife. "I met my wife when stationed on Oahu, Hawai'i. Two years after, we welcome to the world our best blessing in life, our son. Then we moved here to Bremerton as our next duty station and been exploring and enjoying the place."

He has also been stationed at Camp Pendelton, California, Naval Air Station Misawa and with the 31st Marine Expeditionary Unit, Okinawa Japan.

When asked what is gratifying about becoming a Navy chief petty officer, Alday replied, "the rich culture, history, the heritage and tradition of the chiefs. It means a lot because I'm a part of something bigger than myself."

Which this chief hospital corpsman [selectee] and four others assigned to NMRTC Bremerton are about to become part of.

I Am Navy Medicine – and Navy Chief Select – Miles A. Steele

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- A typical mid-week morning for Hospital Corpsman 1st Class (Fleet Marine Force qualified) Miles A. Steele was about to become atypical.

As he was attending to routine administrative work in preparation for daily patient care needs, there was suddenly far more bustle and hustle taking place behind his clinical spaces.

“I was getting settled in for my day, processing emails and finalizing the muster report when I heard a commotion down the hall from me. I was surprised when I turned to find the CO and CMC coming in,” said Steele, who was personally informed by Capt. Karla Lepore, Navy Medicine Readiness and Training Command Bremerton commanding officer and NMRTC Bremerton Command Master Chief William Eickhoff of being selected as a U.S. Navy chief petty officer.

“I immediately messaged my wife,” said Steele, upon hearing the news of his advancement. “It’s the first rank that you are truly hand-selected based on your performance, so it felt good being recognized in that regard.”

The manner of promotion to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces. In the Army, Air Force and the Marine Corps, an E-6 becomes E-7.

In the Navy, each eligible Sailor for chief is required to be selected by a ranking and selection board composed of master chiefs who actively choose the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders.

“A Navy chief is not just a rank but a unique, time-honored leadership tradition that confers significant responsibility, fosters a strong community of senior enlisted leaders, and involves a process of growth and transformation distinct from other service’s experience,” said Steele, who recently checked into NMRTC Bremerton and works in the Multi-Care Clinics of Pediatrics, Immunizations and Internal Medicine.

Steele also attests his accumulated experience certainly helped him achieve the rank of Navy chief petty officer.

“I had time to observe many different leaders. I took note of what did work and what didn’t work,” shared Steele, who is anticipating

increased leadership demands. “The challenge will be to shift from hands-on technical expertise to coaching and mentoring others.”

Steele’s accumulated experience has provided ample opportunity to address – and handle – the daily duties of a Navy hospital corpsman, as well with overlapping responsibilities, a trait he encourages for others to hone their ability in any multi-tasking medical care environment.

“Jump on the tasks and collaterals that are being avoided and neglected and make impact,” advocated Steele to young Sailors. “In my experience this has opened so many opportunities for me to showcase my skills which has led to more doors opening.”

It was during the Global War on Terrorism that Steele, a Clifton Park, New York native and a Shenendehowa High School 2006 graduate enlisted in the Navy.
“I joined during the GWOT and wanted to contribute. After the accession training pipeline, I reported to my first duty station [with the] 9th Engineer Support Battalion [part of 3rd Marine Logistics Group] in Okinawa Japan,” shared Steele, recalling his time on the green side [as a Navy hospital corpsman serving with the Marine Corps] as a career highlight.

“My time at 3rd Marine Air Wing has been my favorite. I was given the opportunity to lead a large group of Sailors, and we accomplished a lot as a team,” recalled Steele.

That teamwork ethos has long been a driving force for Steele and defines his conviction to his career and Navy Medicine. “Being part of the team and consistently seeking to improve the command to the best of my ability,” Steele explained.

The formal initiation season – approximately seven weeks - for Steel and the other four Navy chief petty officer selectees at NMRTC Bremerton started the day they were notified and continues as they individually and collectively work towards earning their new formal title of Navy chief.

When asked to sum his experience with Navy Medicine in one sentence, Steele replied, “It is an honor to be part of a team of highly adaptable professionals who meet any challenge.”

I Am Navy Medicine – and Navy Chief Select – Robert O'Bryant

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- As U.S. Navy Hospital Corpsman 1st Class Robert Lee O'Bryant was trying to catch some shuteye after attending to newborn twin daughters early on August 6, 2025, the phone rang.

The news he received rendered sleep impossible, which coincidentally is also what young children can do.

Capt. Karla Lepore, Navy Medicine Readiness and Training Command Bremerton commanding officer and NMRTC Bremerton Command Master Chief William Eickhoff contacted O'Bryant to inform him of being selected as a U.S. Navy chief petty officer.

O'Bryant attests that announcement adds to a growing list of accomplishments, to date. "Coming to Bremerton with my wife Brianna, the birth of our daughters and now seeing the CMCs phone number pop up on my phone," said O'Bryant, Louisville, Kentucky native and Southern High School 2012 graduate.

"It is the greatest accomplishment of my career," stated O'Bryant. "I could not have gotten here without the mentors, chiefs, and Sailors. It is my turn to pay all of them back by trying to be the best chief I can be."

The manner of promotion to the rank of chief in the Navy is a unique process compared to the other branches in the armed forces. In the Army, Air Force and the Marine Corps, an E-6 becomes E-7. In the Navy, each eligible Sailor for chief is required to be selected by a ranking and selection board composed of master chiefs who actively choose the future leadership from the most capable Sailors, considering both their aptitude as technical experts and ability as leaders.

The expectations for O'Bryant and the four other first class petty officers loom large. There's a reason why a common phrase heard throughout the Navy fleet, 'go ask the chief.' Chiefs are subject matter experts, chiefs have operational readiness experience and chiefs are considered the personification of Navy core values of 'honor, courage and commitment.'

"A Navy chief goes above and beyond because when a Sailor sees the anchor, they know they will be taken care of," explained O'Bryant.

O'Bryant's career is a testament to the old adage of 'preparation meets opportunity,' along with equal parts dedication and determination. Those intangible characteristics merged seamlessly with Navy structure, military bearing and the Hospital Corps ethos of caring for those in need.

"I was always fascinated with the idea of being a part of something bigger than myself and I always enjoyed helping people to become better versions of themselves," said O'Bryant, who began his Navy journey by a chance encounter in his hometown of Louisville.

"I was wandering the hallways of the Jefferson Mall one day wondering what I would do next with my life. I was working a graveyard shift. I was broke, lost, feeling disillusioned and profoundly unfulfilled with my direction when I turned the corner to the recruiter. I couldn't take my eyes off the recruiting office. I learned about being a corpsman from research and reading. It was an easy choice," related O'Bryant.

From that fortuitous meeting, O'Bryant became a corpsman with specialty training as an orthopedic technician and has been integral in daily operations of the orthopedic department.
He also took on the responsibility of acting leading chief petty officer when unplanned manning losses impacted the command's Specialty Services Clinics. He provided critical guidance over a six-month period, ensuring continued focus on Sailor well-being and high-quality patient care.

According to command leadership, O'Bryant, "demonstrated exemplary leadership to a diverse team of 80 staff members across four divisions. He oversaw the care of 30,000 beneficiaries across multiple clinics throughout the

Pacific Northwest region, guided 48 enlisted personnel through six first class petty officers, advised 19 officers, and supported 19 civilians. His leadership proved instrumental in navigating the complex merger of the Directorate of Surgical Services and the Directorate of Medical Services, ensuring a seamless transition and maintaining 100 percent personnel accountability."

For such selfless service, O'Bryant was selected as Navy Medical Forces Pacific Senior Sailor of the Year. That recognition provided a launchpad for being telephoned after dawn.

"It's all been a learning lesson," reflected O'Bryant. "Every hiccup, every step in the long road. Every time I got something wrong it helped me get something right. The Sailors along the way helped me just as much as I returned the favor."

O'Bryant can routinely be found encouraging and mentoring other Sailors in clinical responsibilities as well as in collateral duties such as physical fitness assessment cycles. He now can advise on what it takes to become a senior enlisted leader.

"Never stop trying. Do all the wickets that make you a well rounded Sailor and it will come when the time is right," exclaimed O'Bryant.

When asked to sum his experience here in Navy Medicine in one sentence, O'Bryant replied, "Being a part of organization that keeps warfighters healthy has been the most gratifying feeling in my life."

Chiefs Mess made complete at NMRTC Bremerton

By Douglas H. Stutz, NHB/NMRTC Bremerton Public Affairs – The Chiefs Mess at Navy Medicine Readiness Training Command Bremerton was deemed incomplete.

Permission was requested – and approved - from Capt. Karla Lepore, NMRTC Bremerton commanding officer to make the mess whole.

Joining the ranks of U.S. Navy Chief Petty Officers September 16, 2025, were newly pinned Chief Hospital Corpsmen Jessie Christian Alday, Lee Halls, Robert Lee O'Bryant, Miles Steele and Chief Logistics Specialist Steven Alexander Gardiner.

Individually, as well as collectively, the five will henceforth be known as 'chief.'

"Today, our chief selects will continue a long and proud tradition of leadership in our Navy. You are not just present for the advancement of first class petty officers to the next higher paygrade, but also to share in the most significant transition that they will ever make in their naval career," said Senior Chief Hospital Corpsman John Buxton, master of ceremonies, addressing command leadership, staff members, patients, family, friends and the NMRTC Bremerton Chiefs Mess, past, present and future.

Buxton explained that the goal of the chief's initiation training included inspiring, instilling trust and motivating the chief selects while simultaneously teaching leadership, establishing esprit de corps, promoting unity, building teamwork and more.

"They were challenged with physical training, learned a new depth of naval heritage, engaged in meaningful discussions on Navy core values and various leadership and teamwork training efforts," Buxton said. "As the initiation is completed, we can ensure a deeper understanding of our traditions, our heritage, and our values, not only in the chiefs we are about to pin today, but in the entire chief's mess.

As keynote speaker, Capt. Lepore acknowledged during her opening remarks the special importance of being requested to speak at the ceremony.

"Being asked to speak at a Navy Chief's pinning is no small thing. Because this moment, this tradition, is sacred to our Navy," stated Lepore. "When asked to give a speech, I knew immediately what I didn't want to say."

"I didn't want to give the usual speech that talks about hard work, integrity, leadership. Not because those aren't important. They are," continued Lepore, speaking directly to Alday, Halls, O'Bryant, Steele, and Gardiner. "But you've just lived all that, through one of the most transformative seasons of your professional lives. You know what it took to earn those anchors."

Lepore's background was not steeped in the Navy. She was commissioned onto active duty through the naval officer pipeline.

"Followed the path, did the jobs, hit the milestones. Didn't really understand the Navy until I met a chief, way later [in my career] than most. I was a brand-new commander and had just taken a director role. I was leading peo-

ple, making decisions, wearing the rank. But I was flying blind in a lot of ways. That was the first time I was paired with a senior enlisted leader. A Navy chief. For the first time in my career, someone sat me down and said, "ma'am, here's how the Navy actually works." They didn't judge me. They didn't belittle me. They guided me. They corrected me. Not publicly, not harshly, but with care. With patience and honesty. With a kind of quiet strength that I have come to deeply respect. That chief taught me things no schoolhouse ever did. They taught me about people, about priorities, about what leadership looks like on the deck plates, not just on paper."

Lepore attests that Navy chiefs are certainly called the backbone of the Navy for a reason. "To those being pinned today, know this; there is some junior officer out there who is going to look to you the way I looked at my first chief. They won't ask for help. They might not even know they need it. But you'll see it. You'll feel it. You'll change their life just by doing what chiefs have always done; quietly make the Navy work."

NMRTC Bremerton Command Master Chief William Eickhoff, as most senior enlisted, shared specific insight to each of the five new chief petty officers.

"It's not the strongest or smartest that survives but the one which is most adaptable to change. You must ensure the Chiefs Mess not only survives but thrives. That is one of your biggest charges," said Eickhoff. "Pebbles. It's not the mountain in the journey's path that slows or halts progress. It's the pebble in your shoe.

"It's very easy to pick up pebbles and you know how to do it. But you got to have the attention to detail to do that, to find those pebbles and remove them. It's not that hard and you will have such a huge impact on everyone around you when you do it. Finally, anchors and caps are not what makes a chief. It's your actions. You've proven it up to now and you have to [continue] proving it every day. Congratulations."

The pinning ceremony was a culmination of the past six weeks of training, assignments and hard work. In no other armed force is a rank equivalent to that of the chief in the United States Navy.

"While it is true that all armed forces have two classes of rank with enlisted and commissioned, the United States Navy has the distinction of having an additional class of service with the [Navy] bureau appointed chief petty officer. This is what makes the title of 'chief' even more distinctive. Although the paygrades E-7 through E-9 are equivalent to those of other services, the Navy is unique in that it confers much more authority and responsibility while demanding more performance and results than any of the other services," Buxton said.

As any of the approximately 30 active-duty chief petty officers assigned to NHB and numerous retired chiefs at the traditional ceremony will readily attest, the five - Alday, Halls, O'Bryant, Steele and Gardiner - went through a name change like no other on this date

They are a culmination of 132 years - and counting - of hallowed Navy chief petty officer tradition.

Battle Ready Boost at NMRTC Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer – Navy Medicine operational readiness is predicated on the foundation it is built upon.

Establishing that framework has been an ongoing developmental responsibility at Navy Medicine Readiness Training Command Bremerton.

Welcome to Battle Ready Training Tuesday, a command-wide initiative focused on providing preparatory skills training primarily for hospital corpsman yet open to all staff members.

For Hospital Corpsman 2nd Class (Enlisted Expeditionary Warfare Qualification) Adam Redman,

NMRTC Bremerton Family Medicine Center leading petty officer, his active involvement in coordinating and providing the training has gathered momentum as the weekly sessions continue to attract a sizable number of staff.

“The goal is to further hone our operational readiness and mission capability with basic skills,” said Redman, noting that the program was established under the direction of Captain Heather Kirk [NMRTC Bremerton chief nursing officer], who consolidated several independent command training efforts into the formal working group.

“Its origin lies in a recognized need to enhance core competencies, streamline training into a single, digestible package, and reinforce the hands-on skills required for the hospital corpsman personnel qualification standards. The result is a training plan grounded in mastering the basics of patient care,” explained Redmon.

The training is provided by experienced providers, nurses, and corpsmen who teach and guide those in attendance through challenging simulations.

Hospital Corpsman 2nd Class Kaitlyn R Cooper helped provide guidance and instruction during the hands-on suture skills training held December 16, 2025.

The training session allowed corpsmen in attendance to practice complete sequence of care in a small group setting concentrating on the proper donning of sterile gloves, wound flushing and preparation, simulated local anesthetic administration, and suture techniques on high-fidelity skin models.

Cooper taught the wound flushing and preparation stage.

“Irrigating the wound is a crucial step in patient care. It has to be thoroughly done to get rid of any debris, stop infection, and clean out any blood, discharge or anything else limiting visualization of the wound,” said Cooper. “Being part of our Urgent Care Clinic gives me a lot of different experiences that our other corpsmen might not have had yet. I get to share that helping here and I love teaching. It’s a favorite part of my job as a corpsman.”

The training sessions are generally scenario based, having the corpsmen work in small groups with an instructor - like Cooper - to achieve specific learning objectives. To encourage interaction and critical thinking, groups rotate through several instructors who each present a unique scenario.

“This level of interaction between corpsmen, nurses and providers has created a collaborative learning environment where everyone can contribute and learn from. At the end of each session, a debrief is held with the participants to gather feedback and topic suggestions, and a separate debrief with the instructors to refine the training process,” Redmon said.

Redmon attests that the training was initially designed for ambulatory care corpsmen in direct patient care roles. But the format has proven beneficial for all command corpsmen, including those who may not have regular oppor-

tunities to practice these skills.

“The goal is to enhance operational readiness. Effective medicine is rooted in fundamentals like taking vital signs, gathering patient histories, and communicating clearly with the medical team. The skills taught in this program are the foundation for our Sailor’s future success,” stressed Redmon.

One recent training session was specifically tailored for corpsmen who graduated from the Navy’s school for their rate but do not have any additional specialized training.

The instruction addressed recognizing abnormal vital signs in the field – ranging from hypothermia to hyperthermia - with hands-on guidance provided to allow the corpsmen to identify patterns, prioritize urgency, take action and conduct reassessment for a wounded patient in the field.

Each training is designed to be accessible to all, regardless of rank or experience level, with each session beginning with an introduction to the topic and a clear outline of training objectives.

“The true success of this program is measured by the individual Sailor. We want them to leave with a key insight that clicks into place when they face a real-world challenge. It's also a mutually beneficial experience, empowering our instructors to become better leaders by strengthening their own skills through teaching,” Redmon said.

“On one level of importance, we’re able to bridge the gap in skills expected from our providers and multifaceted teams, along with showing the people who make up the bulk of our workforce that we are dedicated and invested in them,” continued Redmon. “Our nurses have been vital to this effort as preceptors, building a rapport with Sailors that they might not have been able to before.”

Redmon also stressed the committed encouragement and guidance from command leadership has been a driving force for the entire training team. “The support from instructors and command leadership has been truly essential to the program's success,” he said.

“We’re making sure this training is all applicable and aligned with our focus on Navy fleet readiness. This is our own [Navy Medicine] deployment readiness focus to get us where we need to be as a ready medical force,” stated Kirk.

NMRTC Bremerton Corpsman Helps with Life-Saving Efforts

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- A routine lunchtime gym visit turned into anything but normal for U.S. Navy Hospitalman Joseph Clark in Waukegan, Illinois.

It was corpsman up for man down.

Clark, along with Hospital Corpsmen 3rd Class Adam Altreche, Zachary Evans and Dillon Talburt, responded to an urgent call with medical support for a gym patron who collapsed in the men's locker room, Feb. 3, 2026.

Rendering immediate assistance was a reflective effect of each corpsman enrolled in the Hospital Corpsman Trauma Training course.

We weren't exactly sure what was going on. We were doing our own thing in the gym. A staff member was asking if anyone had medical training. We said we did and we went into the locker room. Saw the person unconscious, with agonal breathing [gasping]," said Clark, a Bradenton, Florida native assigned to Navy Medicine Readiness Training Command Bremerton.

No equipment. No gear. No problem. They had knowledge and initiative.

"We did our assessment, watched over him to make sure everything was okay," Clark continued. "But he then went into cardiac arrest. We started to perform chest compressions [cardiopulmonary resuscitation] until the emergency medical technicians showed up, which wasn't that long after. We continued to assist the EMTs until they

transferred him to the nearest hospital. We did what we could. We didn't have much, but anything you can do to try…"

For Clark, providing such medical care to someone in need was merely doing his duty as a hospital corpsman.

"I didn't think much about it afterwards. We felt confident to be able to help and were not unnerved at all. It felt like I was doing my regular job as a corpsman, doing what I needed to do to help save someone. We got a pat on the back from our instructors. They were really proud of us," Clark said.

Clark and the others were fortuitously able to provide the critical medical care needed by attending the HMTT course, a distinctive partnership between Navy Medicine, Capt. James A. Lovell Federal Health Care Center and John H. Stroger Jr. Hospital of Cook County designed to improve the knowledge, skills, and abilities of corpsmen.

The training consisted of classroom training at Lovell FHCC, followed by multiple weeks of trauma training at Cook County, focusing on Trauma Resuscitation, Trauma Intensive Care Unit, Burn Unit, and the Emergency Department.

Clark and the others received hands-on opportunities to hone treatment skills and clinical knowledge to provide medical care in a trauma environment. They divided into teams and worked overlapping day and night shifts primarily in the trauma bay. They observed a lot. They also got a lot of practical guidance and instructive engagement.

"The instructors were very knowledgeable, and they taught us a lot about medicine. The experience there was amazing. We got to do a lot which we don't do normally do. A lot of penetrating wounds, anything trauma related. Mostly motor vehicle collisions," said Clark.

It was real-world trauma set in an urban environment. Patients arrived at all hours. Many were bloodied; some were bandaged – all were battered and bruised. They suffered a grisly array of wounds from stabbings to gunshots to automotive accidents.

The benefits of the training included improved readiness and clinical competency, increased corpsmen knowledge, skills, and abilities, along with enhanced future partnership framework. The value of teamwork was also continually emphasized.

Team dynamics were important. Everything, Clark said, in such a trauma environment is centered on teamwork.

"I felt fortunate with the group I was with. We were tightknit. Even the instructors stated we were one of their favorites classes they had in a long time. We were always ready to go and on top of things. Our class was a bunch of great people. Good skills, good medicine. All you'd ever need in a corpsman," stated Clark.

Clark attests his knowledge gained from the HMTT course was instrumental in knowing how to recognize and response to a medical emergency. When the unforeseen happens, as it did, Clark was a trained corpsman prepared to intuitively act.

Clark is also a strong advocate of the course benefits.

"I honestly think every corpsman should do Hospital Corpsman Trauma Training to know what kind of medical training is needed. HMTT is vital medical training that we need to know. We don't get to do this anywhere else," explained Clark, noting, "When we go to field medicine, we're primarily going to do Tactical Combat Casualty Care. Being out in the field is vastly different than in a hospital setting. With HMTT we learn good medicine in a civilian hospital setting that we just don't see every day. It gives us a really good perspective. It's important."

Since the inception of the Hospital Corps rate in 1898, when it was man down on the field of battle the cry for "corpsman up' was a common refrain. Which is exactly what Clark, Altreche, Evans and Talburt did on a cold winter day along the Great Lakes.

"Our roots are to prevent people from dying and to also make sure those injured get to the next echelon of care," added Clark.

TCCC a joint Navy-Air Force collaboration at NMRTC Bremerton

By Douglas H Stutz, NHB/NMRTC Bremerton public affairs officer -- The U.S. Navy Tactical Combat Casualty Care course has long prepared hospital corpsmen for deploying to such locales as an isolated forward operating base to perilous stretch of littoral.

Navy Medicine Readiness Training Command Bremerton also provided crucial TCCC Tier III [a demanding version centered on handling life-threatening casualties] to U.S. Air Force 315th Aeromedical Evacuation Squadron personnel during the last few weeks of February 2026.

The arduous training was designed to hone their medical response skills in treating traumatic injuries on the field of battle from a hazardous rural landing zone or contested urban flightline.

"This TCCC Tier III opportunity aligned with our deployment timelines and offered a robust joint training venue. It was an opportunity to integrate with joint partners and ensure our Airmen receive the best available training to prepare them for real-world operations," said U.S. Air Force Capt. Shane Ellis, 315th Air Wing public affairs chief, noting that the 315th Airlift Wing remains focused on generating combat-ready forces capable of rapid global mobility in contested environments.

Under the watchful gaze of Hospital Corpsman 1st Class (Fleet Marine Force qualified) Austin Santistevan, TCCC-Tier III instructor, the visiting Air Force personnel from Charleston Air Force Base, South Carolina, received intensive didactic module training before undergoing and completing their educational effort with actual hands-on application in the field.

"Just as TCCC is an operational necessity for our corpsmen before we deploy, we gladly accepted the 315th and the 24 airmen in the class to become fully qualified in TCCC Tier III," Santistevan said.

The lesson plan included the principles and application of TCCC, with detailed guidance on handling massive hemorrhage, airway management, respiration assessment and management, wound packing and wrapping, along practicing on nasopharyngeal, cricothyroidotomy, chest seal, and pelvic binder skill stations.

According to Ellis, participating members of the visiting 315th represented a cross-section of the Aeromedical Evacuation Squadron, including officers and enlisted medical professionals.

"All are medical personnel integral to the AE mission set, ensuring deployable teams are cohesive, capable and medically ready," explained Ellis.

There were training sessions on dealing with recognizing and managing shock, preventing and treating hypothermia, handling head and eye injuries. There were instructions on dealing with burns and fractures, and the administration of pain medication and antibiotics. Guidance was provided on battle dressing, wound wrapping, splinting techniques, as well as proper monitoring of wounded personnel, communication protocols, evacuation preparation and litter team fundamentals.

The week-long classroom sessions segued into applying the lessons with actual hands-on field testing by practicing emergency medical support and evacuation in a simulated combat environment.

"It was the perfect balance with what we've learned," shared Tech Sgt. Cori Andrews, with the 315th Aeromedical Evacuation Squadron. "The pressure was on us to retain and put the lessons into actual practice."

Amidst a mock firefight exploding around them, faux patient screams and bellowing demands from instructors, the 315th team were tested on conducting – with timely urgency - primary and secondary assessments, casualty movement, airway management, hemorrhage control, chest needle decompression, applying splinting and pressure

dressings, and more.

“TCCC is foundational to survivability in modern conflict. Training reinforces prolonged casualty care in austere environments. This ensures our Aeromedical Evacuation professionals are tactically and clinically prepared to preserve life and sustain combat power from point of injury through strategic evacuation,” stated Ellis.

Assisting Santistevan were Chief Hospital Corpsman Lee Halls, HM1 German Rossete, HM1 Adam Toler, Hospital Corpsmen 2nd Class Yong Choe, Eli, Matthew Hegquist, Charles Oetting, Gage Schirmer, Emiley Wilkinson, Hospital Corpsmen 3rd Class Lucas Allen, Carmen Siverson, and Lew Tranca.

“They were fantastic. The instructors know and love what they do,” Andrews said. “It was like a real-life experience.”

The collaborative Navy and Air Force effort continues a long tradition of joint service effort.

“Operational readiness requires joint interoperability. Our Airmen will deploy alongside sister services and coalition partners in dynamic environments. Training hands-on in a joint setting strengthens cross-service coordination, standardizes medical procedures, and enhances our ability to seamlessly integrate into theater operations—directly supporting global mobility and agile combat employment,” Ellis shared.

Sending a sizable contingent for extended training can be a challenge. Yet the behind-the-scenes logistics proved to be another joint cooperative effort.

“As a Reserve wing, coordinating schedules, civilian employment, and mission requirements requires deliberate planning. Early coordination and command support are key. While there are short-term scheduling challenges, long-term readiness gains and standardized proficiency across the squadron significantly outweigh them,” said Ellis.

Santistevan cited the Navy TCCC Tier III course is primarily geared towards corpsmen, although open to other Sailors, as well as Marine Corps personnel.

“But this was a special course. Getting them certified to be ready to deploy is what we do,” said Santistevan.

“Partnering with a command that understands the urgency of medical readiness strengthens joint integration and overall Department of War preparedness,” added Ellis. “Their professionalism and responsiveness directly contribute to ensuring our wing remains a medically ready force prepared to operate in any theater.”

The 315th mission is supporting combat forces during contingency operations or other various conditions of heightened tension up to and including full mobilization, as well as humanitarian and peacekeeping efforts throughout the world.

NMRTC Bremerton primary mission focus is to ensure the readiness and deployability of Navy and Marine Corps forces. The joint collaboration effort with Air Force assets also adheres to the Defense Health Agency operational framework of being a combat support agency to help generate and sustain warfighter readiness.